

Name  
in  
Full

## CERTIFICATE OF DEATH

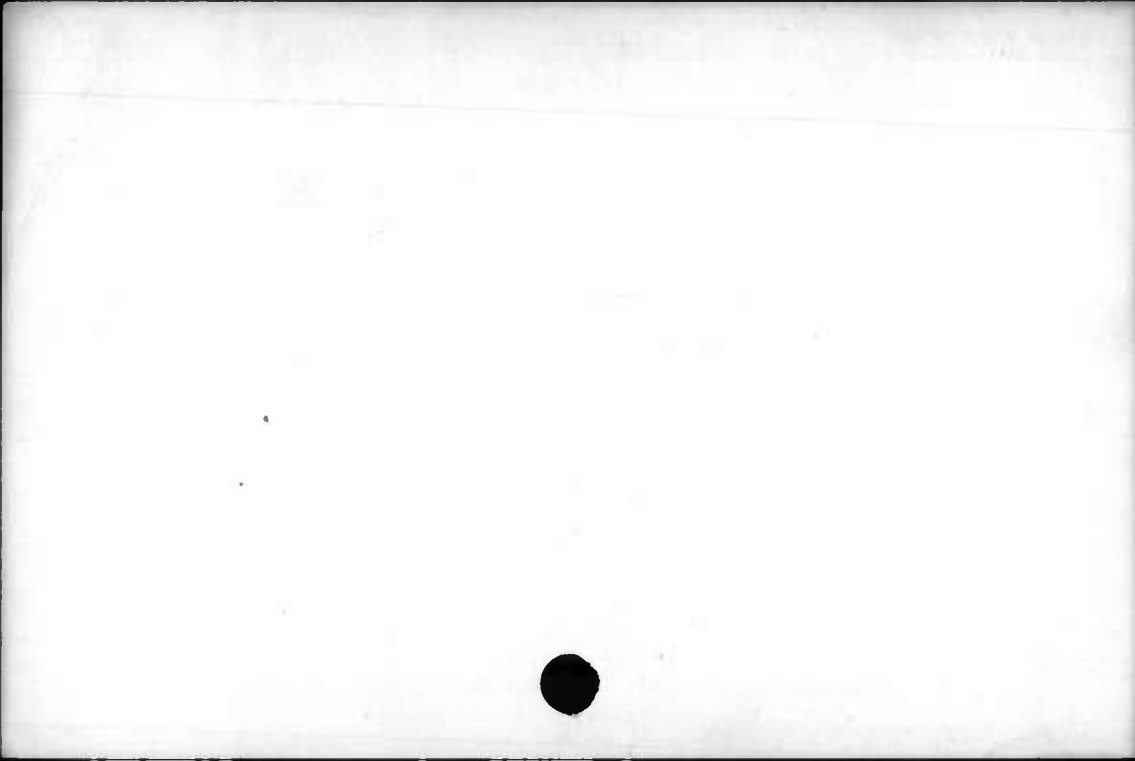
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Anthony Albertoli</b>		Town <b>Hagerstown</b>		County <b>Washington</b>		State <b>MARYLAND</b>	
Died at <b>Hagerstown</b>		Month <b>Oct</b>		Day <b>7</b>		Age <b>about 45</b>	
Date of death <b>1903</b>		Years <b>about 45</b>		Months <b>—</b>		Days <b>—</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Italy.</b>			
Occupation <b>contractor</b>		Where Residing if not at place of death <b>Roanoke, Va</b>					
Married, Single or Widowed <b>married</b>		Name of Wife or Husband <b>not known</b>					
Father's Name <b>Not known</b>		Father's Birthplace <b>—</b>					
Mother's Maiden Name <b>" "</b>		Mother's Birthplace <b>" "</b>					
Name of person giving Information <b>C. E. Suter</b>		How related to deceased <b>none.</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Heart trouble</b>		How long <b>79</b>	
Immediate <b>Incompetence</b>		How long <b>79</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes -</b>		Signature of Physician <b>[Signature]</b>	
Address <b>[Signature]</b>		Address <b>[Signature]</b>	
Accident or Suicide? <b>no</b>			



Name in Full

Certificate of Death

Charles Lee Armour

Town

County

Died at

Leitersburg

Washington

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 15

Age 67

Leitersburg Retired

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Kate Armour

~~Wife~~

Father's

Name

Geo Armour

Mother's

Maiden Name

Catharine Hoover

Cause of

~~Primary~~

Death

Immediate

Paralysis

How long sick

12 Hours

~~Accident, Suicide, Homicide~~

Reported by

W. L. Sheiss

Address

Leitersburg

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79889



Name  
in  
Full

Catherine Blanche Babylon

## CERTIFICATE OF DEATH

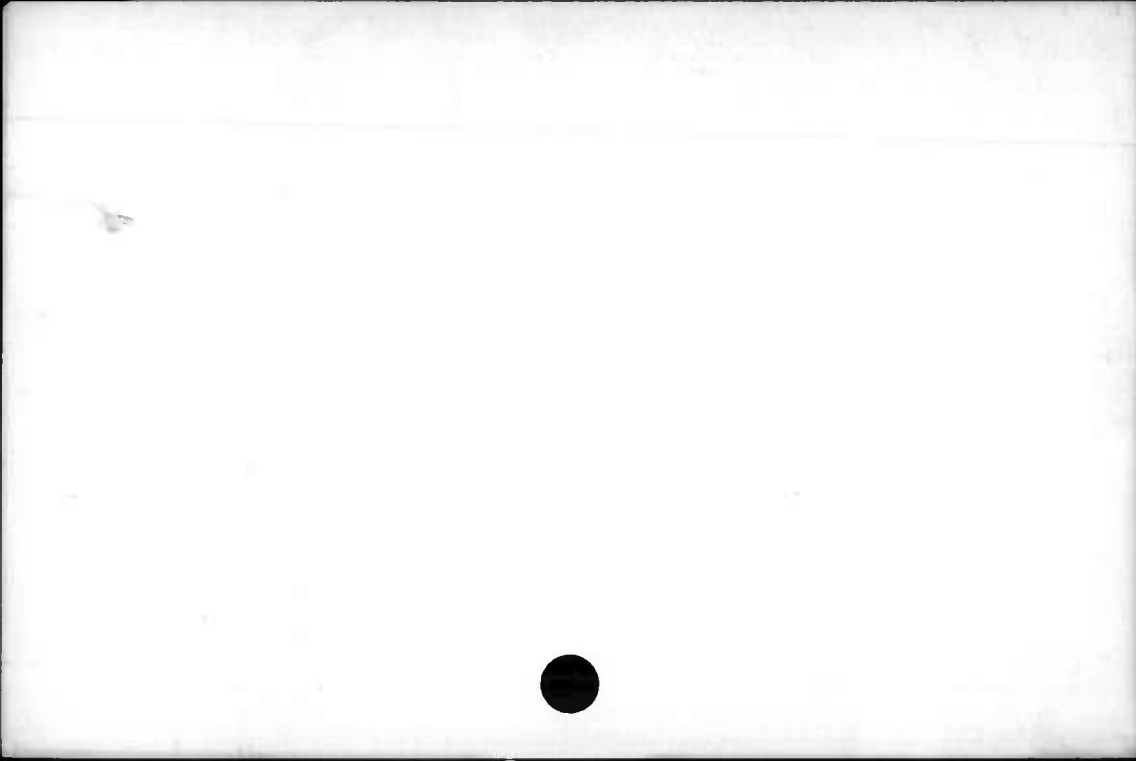
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hagerstown		County Washi.		MARYLAND	
Date of death		1903	Oct.	21	Age	1	Months 4
Sex		female		Color or Race		white	
Occupation		child		Birth- place		Md.	
Married, Single or Widowed		single		Where Residing if not at place of death Hagerstown, Md.			
Father's Name		Harvey Babylon				Father's Birthplace Md.	
Mother's Maiden Name		Blanche Shoemaker				Mother's Birthplace ..	
Name of person giving Information		Blanche Babylon				How related to deceased mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enteritis	How long	1 week
Immediate	Meningitis	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Accident or Suicide?		no	
Signature of Physician		M. J. Morrison	
Address		Hagerstown Md	



Name In Full

Certificate of Death

Virginia McD. Berry

158

Died at <sup>Town</sup> near Williamsport <sup>County</sup> Wash.

MARYLAND

Date 1903 Month 10 Day 22 Age 72 Y. M. D. Native of Md Occupation F M

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Alouzo Berry

Otto Williams

Agnes McDoull

Primary Pulmonary Disease

Immediate Heart Failure

J. M. P. Scott

Hagerstown

How long sick

Several years

~~Accident Suicide Homicide~~





Name  
in  
Full

## CERTIFICATE OF DEATH

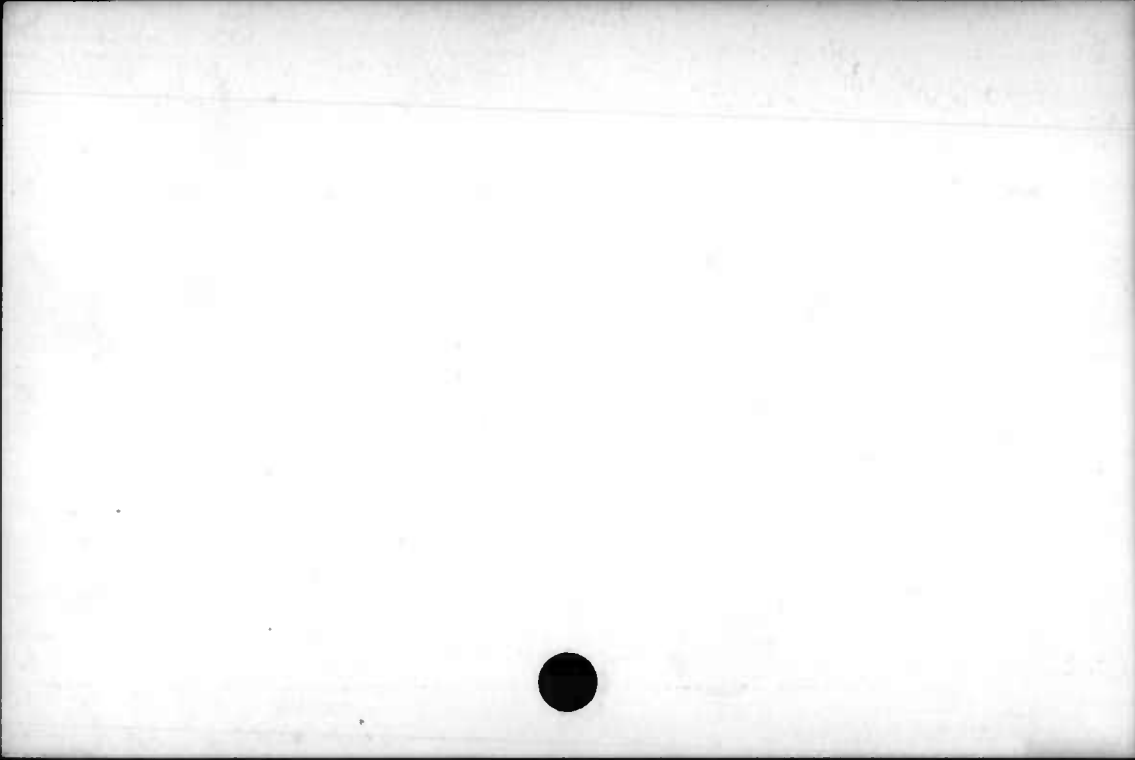
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Ann Mariah Bingaman</i>			Town <i>Bissell</i>			County <i>Washington</i>			MARYLAND		
Died at			Date of death 1903			Month <i>10</i>			Day <i>7</i>		
Age <i>48</i>			Years <i>48</i>			Months			Days		
Sex <i>Female</i>			Color or Race <i>White</i>			Birth-place <i>Pa</i>					
Married, Single or Widowed <i>Single</i>			Occupation <i>Retired</i>								
Name of Wife or Husband											
Father's Name <i>Philip Bingaman</i>			Father's Birthplace								
Mother's Maiden Name <i>Ann Mariah Barlett</i>			Mother's Birthplace								
Name of person giving information <i>Norman Lee</i>			How related to deceased <i>Nephew</i>								

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A.P. Sturges</i>	
		Address <i>Washington, D.C.</i>	
Accident or Suicide?			



Name  
in  
Full

Unnamed, Family Name Bock

CERTIFICATE OF DEATH

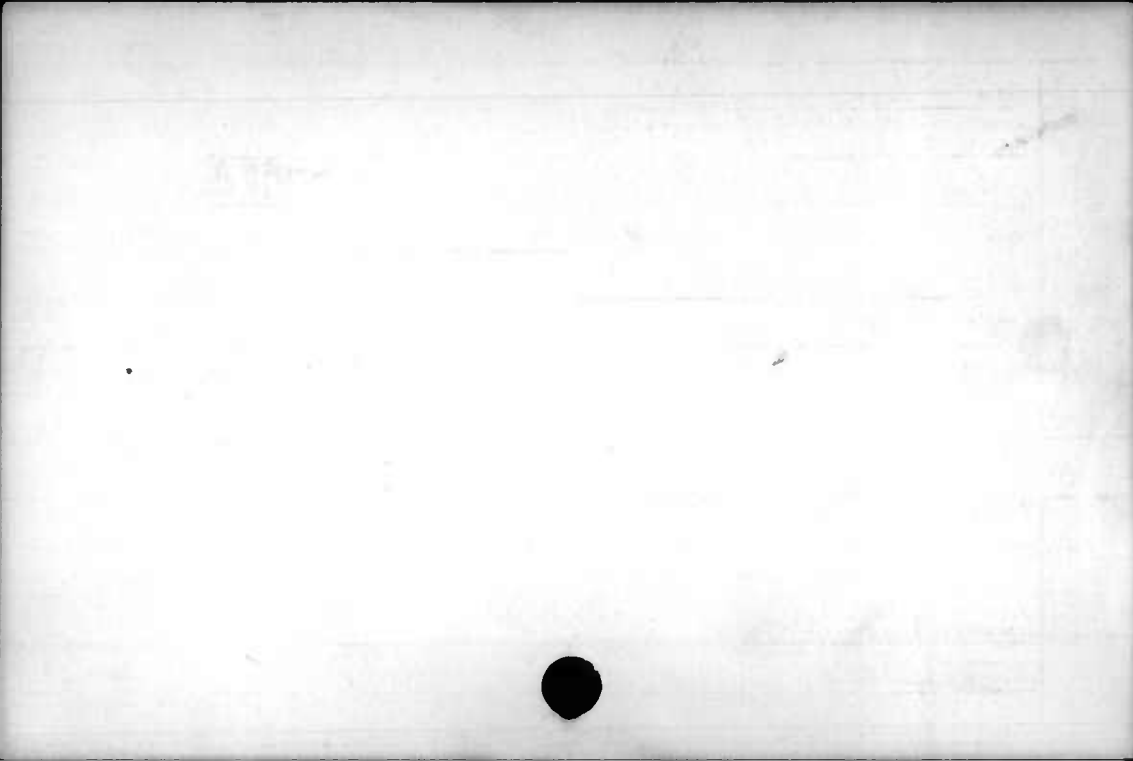
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Shady Grove</i> <sup>Town</sup>		<i>Frostlin</i> <sup>County</sup>		<i>Penn</i> MARYLAND	
Date of death <i>1903</i>	Month <i>Oct</i>	Day <i>21</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Shady Grove</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Edgar S Bock</i>			Father's Birthplace <i>Greencastle</i>		
Mother's Maiden Name <i>Eliza Ellen Bock</i>			Mother's Birthplace <i>State Line</i>		
Name of person giving Information <i>Edgar S Bock</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Died before birth - Cause unknown</i>	How long <i>Died before birth</i>
Immediate <i>Not Known</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. F. Howell</i>
<i>Born dead</i>	Address <i>Greencastle Pa</i>
Accident or Suicide?	



Name  
in  
Full

Cora

Boharp.

153  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pinesburg</i> Town			<i>Was-</i> County			MARYLAND	
Date of death <i>1903</i>	Month <i>Oct</i>	Day <i>30</i>	Age <i>7</i>	Years <i>9</i>	Months <i>9</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Charlton</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>David Beauchamp</i>				Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Elena Sheppard</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving Information <i>—</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	How long <i>11 days.</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Theo. Poose</i>
<i>J F Kups Undertaker</i>	Address <i>Williamsport Md.</i>
Accident or Suicide? <i>—</i>	

2 Berkeley Spine  
Agnes Carty  
Blida Ellmore Beachop  
Mary Susan Howard  
Wm D Cauffman

Beachop.

Mrs Anna Boyer

Town

County

MARYLAND

Died at Ringold Washington

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903 Oct. 23

Age

77

F 16

Maryland Housewife.

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

George K. Boyer.

Wife

Father's

Name

Mother's

Name

Christian Keesom

Mary Leshner.

Cause of

Primary

Infirmities of age.

How long sick

6 months

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Dr P L Hoover.

Address

Waynesboro, Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





### Certificate of Death

Date 1/19/98

Male

~~Source~~

Husband of

## Father's

Name \_\_\_\_\_

### Cause of

## Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

William Brickmole

Town

County

MARYLAND

Month

Day

Y

M

5

Native of

Occupation

Oct.

8

Age

1

1

01

18

*James M. Smith*

WH

White

Married

Widow

~~Directed~~

Number of children living

Eliza Bidsndolph. 64

ry  
diate

Old Age  
Paralysis. Hemiplegia

How long sick

2 days

~~Accident, Suicide, Homicide~~

Mr. H. C. Foster

Wingspring Maryland.

LIBRARY STAMP: 70880



Name  
in  
Full

William Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hayestown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	1903	Month	Oct	Day	26
Age		53		Years	—
Sex		Male		Color or Race	Black
Occupation		Laborer		Birth-place	Ra
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		Don't Know		Father's Birthplace	
Mother's Maiden Name		Don't Know		Mother's Birthplace	
Name of person giving Information		Henry Reed		How related to deceased	
				Not any	

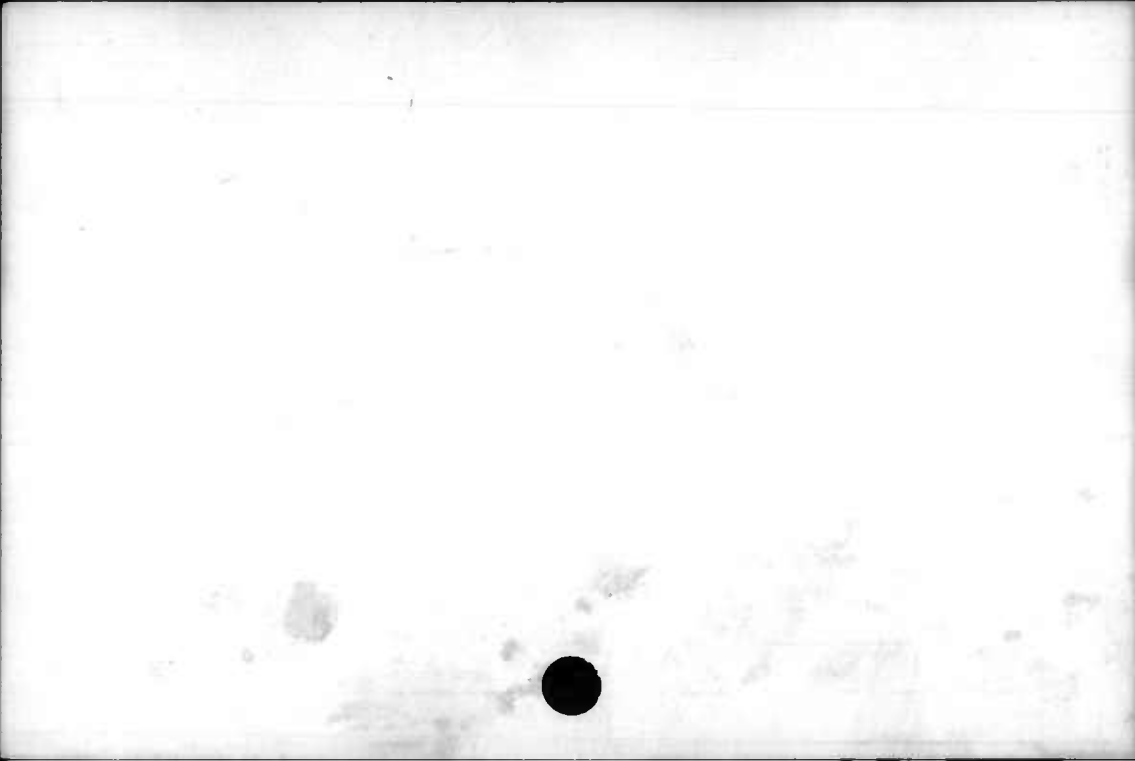
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
Accident or Suicide?	

Heart Failure

A. K. Coffman  
Hayestown Md  
Underslaker



Name in Full

Berelah

Charlton

Certificate of Death

156

Town

County

Died at

MARYLAND

Date

1903

Month Day  
October 14

Age

11

Y. M. D.

Native of

Maryland

Occupation

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of  
Wife

Father's

Mother's

Name

Adam B. Charlton

Name

Annie

Charlton

Cause of

Primary

Malignant Diphtheria

How long sick

five days

Death

Immediate

Heart Paralysis

Accident, Suicide, Homicide

Reported by

Dr D. I.

Lasher

Address

Williamsport

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 8888



Name

in  
Full

## CERTIFICATE OF DEATH

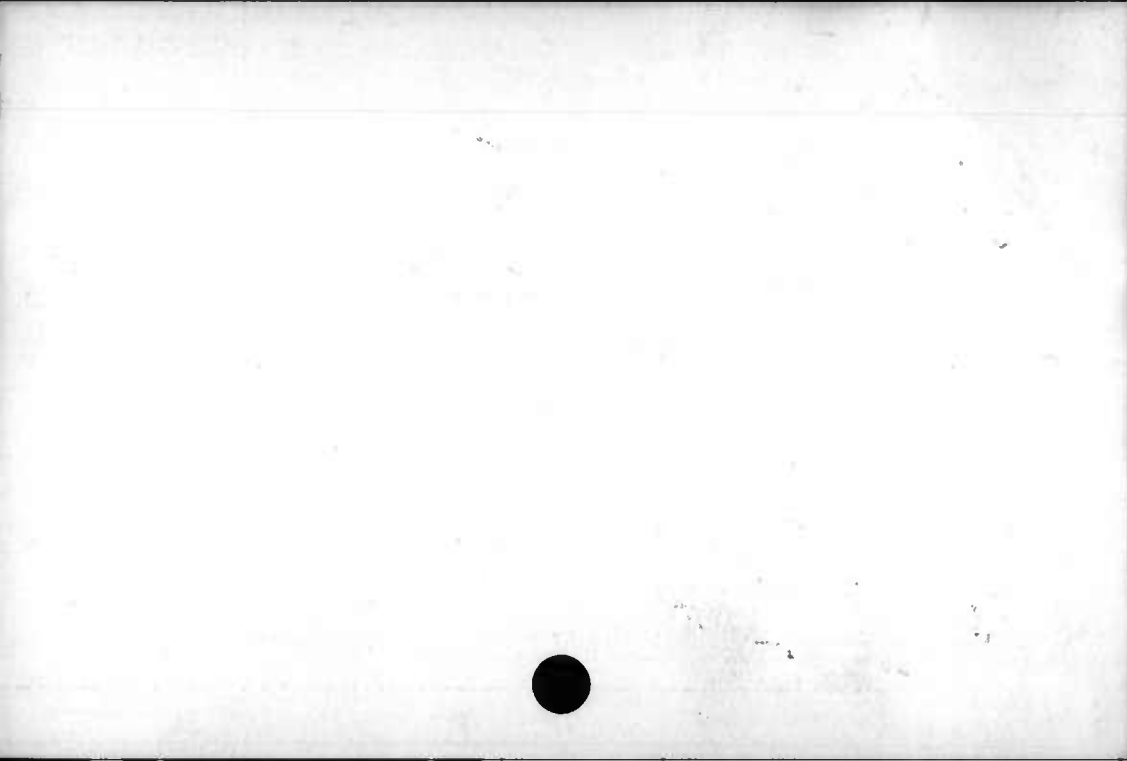
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Hancock</i>		County <i>Washington</i>		MARYLAND	
Date	of death 190	5	Month <i>Oct</i>	Day <i>7</i>	Age <i>78</i>	Years <i>11</i>	Months <i>28</i>
Sex	<i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Cleonspring Md</i>			
Married, Single or Widowed	<i>Widowed</i>		Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Joshua Creager</i>							
Father's Name <i>Jacob. Kushner</i>				Father's Birthplace <i>Cleonspring Md</i>			
Mother's Maiden Name <i>Priscilla Casell</i>				Mother's Birthplace <i>Fredensic Md</i>			
Name of person giving information <i>Mrs H. S. Hares</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

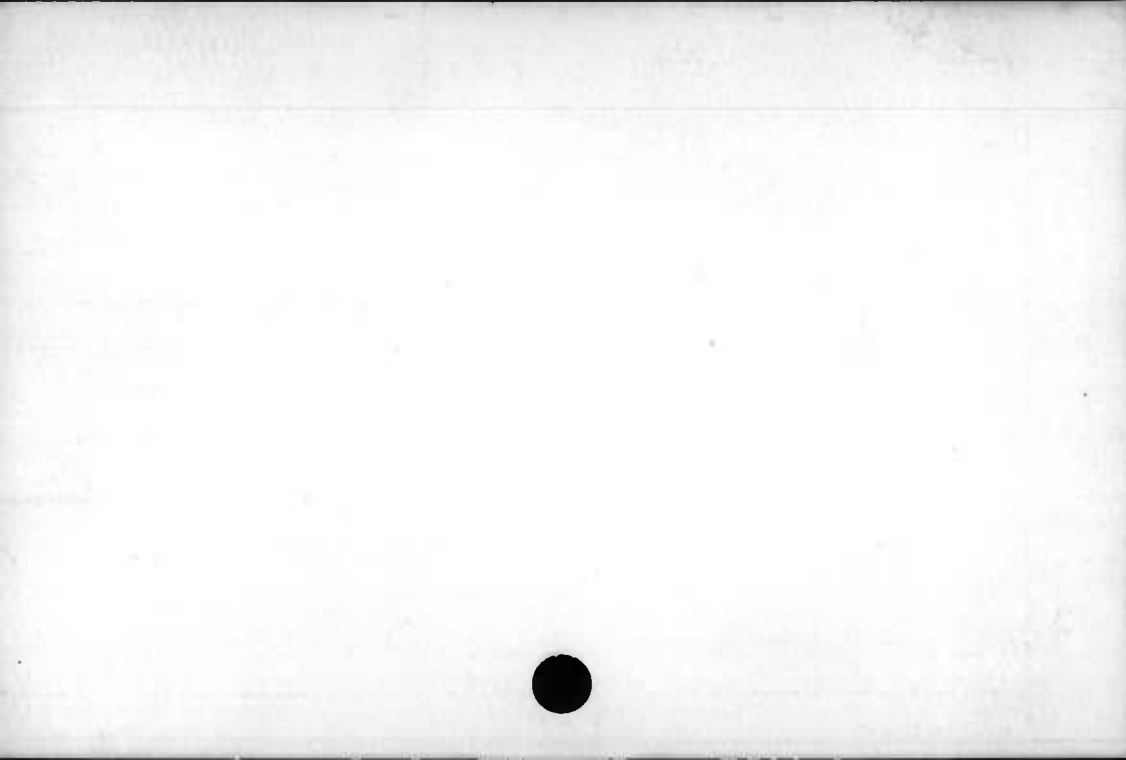
PHYSICIAN  
OR CORONER

Primary	<i>Old age</i>	How long	<i>Years</i>
Immediate	<i>Asphyxia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. J. [Signature]</i>	
Yes		Address <i>Hancock Md</i>	
Accident or Suicide?			





Name in Full <b>William Cunningham</b>		CERTIFICATE OF DEATH	
Died at <b>Mapleville</b> <sup>Town</sup>		<b>Washington</b> <sup>County</sup>	
Date of death 190 <b>3</b> <sup>Month</sup> <b>Oct.</b> <sup>Day</sup> <b>26</b>		Age <b>76</b> <sup>Years</sup> <b>8</b> <sup>Months</sup> <b>27</b> <sup>Days</sup>	
Sex <b>Male</b>		Color or Race <b>White</b>	
Married, Single or Widowed <b>Married</b>		Occupation <b>Farmer</b>	
Name of Wife or Husband <b>Louise Cunningham</b>		Birth-place <b>Shesburg, Md.</b>	
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information <b>Wm. Cunningham Jr.</b>		How related to deceased <b>Son.</b>	
CAUSES OF DEATH			
Primary <b>Heart - Enterties</b>		How long <b>4 years.</b>	
Immediate <b>Heart Regurgitation</b>		How long <b>1 month.</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>J. Hubert Wade</b>	
		Address <b>Boonsboro. Md. Co., Maryland.</b>	
Accident or Suicide?			



Name  
in  
Full

Ratigh Davis

CERTIFICATE OF DEATH

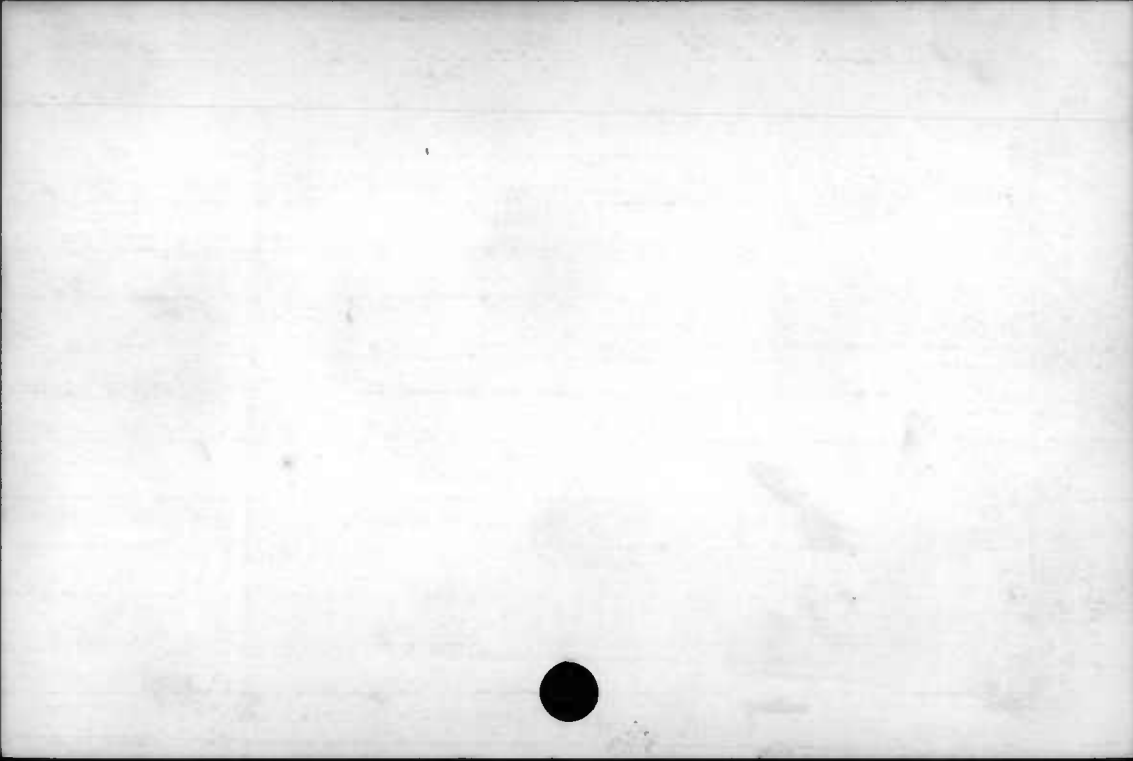
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Downtown</u> <small>Town</small>		<u>Wash.</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u> <small>Month</small>	<u>oct.</u> <small>Day</small>	<u>10</u> <small>Age</small>	<u>59</u> <small>Years</small>	<u>3</u> <small>Months</small>	<u>21</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth- place <u>Downtown</u>			
Married, <u>Single</u> <del>Widowed</del>	<u>Married</u>	Occupation <u>Labore</u>			
Name of Wife or Husband <u>Sarah L. A. S. Davis</u>					
Father's Name <u>Isaac Davis</u>	Father's Birthplace <u>Kearneysville</u>				
Mother's Maiden Name <u>Sarah Davis</u>	Mother's Birthplace <u>Kearneysville</u>				
Name of person giving in formation <u>Joshua Long</u>	How related to deceased <u>None</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Indigestion - acute</u>	How long <u>Monday</u>
Immediate <u>Heart failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. S. Richards</u>
	Address <u>Williamsport</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death 1903	Month <i>10</i>	Day <i>1</i>	Age <i>32</i>	Years <i>2</i>	Months <i>12</i>	Days <i>12</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Va</i>					
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>						
Name of Wife or Husband <i>John J. Donaldson</i>							
Father's Name <i>Richard S. Boxwell</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Sarah J. Young</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>John Donaldson</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral meningitis</i>	How long <i>4 da's</i>
Immediate	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. Bush Miller</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide?	

Handwritten text, possibly a signature or date, oriented vertically on the right side of the page.



Name  
in  
Full

## CERTIFICATE OF DEATH

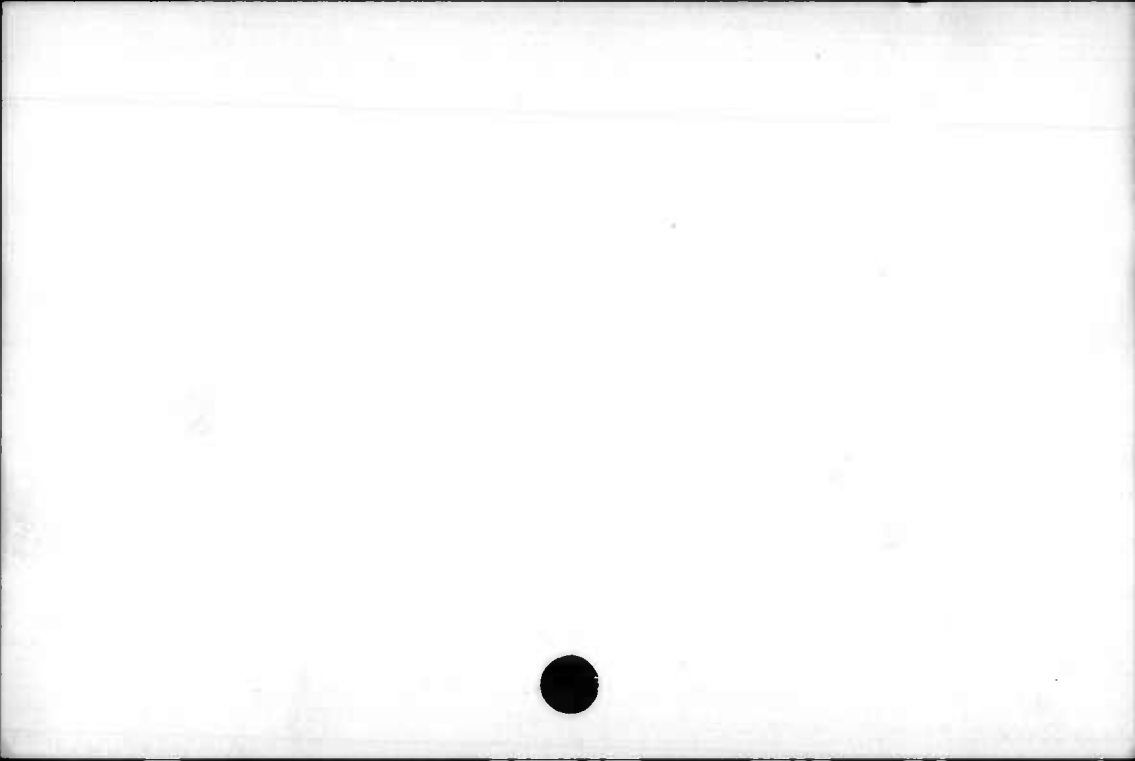
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Tunkhannock</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1903</i>		Month <i>Oct.</i>		Day <i>7</i>		Age <i>13 months</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Tunkhannock</i>		Months <i>13</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Edward Duffee</i>				Father's Birthplace <i>Hagerstown</i>			
Mother's Maiden Name <i>Lilly Dick</i>				Mother's Birthplace <i>Dormerick</i>			
Name of person giving Information				How related to deceased			

## CAUSES OF DEATH

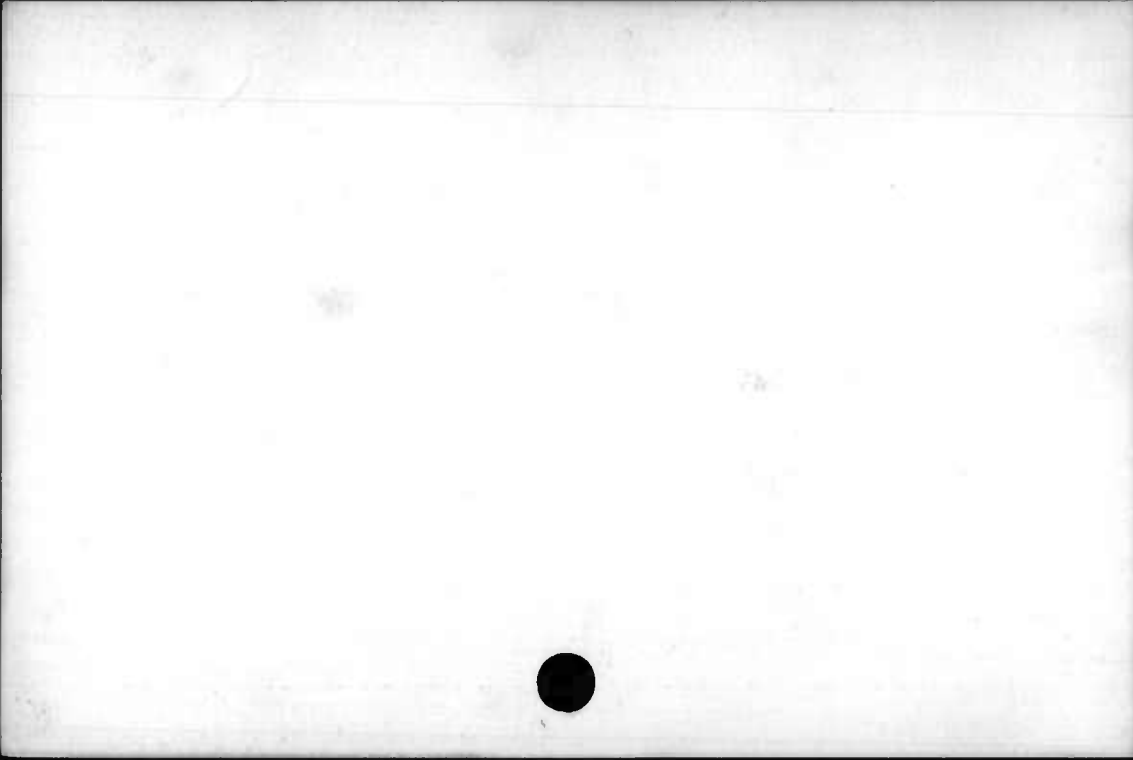
PHYSICIAN  
OR CORONER

Primary <i>Rickets</i>		How long <i>six months</i>	
Immediate <i>general exhaustion</i>		How long <i>three days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. F. D. Newcomb</i>	
		Address <i>Tunkhannock, Md.</i>	
Accident or Suicide?			





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Hagerstown</i>		County <i>Washington</i>	
		Date of death 190 <i>3</i>		Age <i>34</i>	
		Month <i>10</i>		Days <i>20</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Married, Single or Widowed <i>Married</i>		Occupation <i>Carpenter</i>	
		Name of Wife or Husband <i>Winnie</i>			
		Father's Name <i>Geo Elliott</i>		Fether's Birthplace <i>Pa</i>	
		Mother's Maiden Name <i>Mary Linsay</i>		Mother's Birthplace <i>Pa</i>	
Name of person giving information <i>Minnie Elliott</i>		How related to deceased <i>Wife</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Dysentery</i>		How long <i>1 week</i>	
		Immediate		How long <i>"</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. R. Schell</i>	
				Address <i>Hagerstown</i>	
		Accident or Suicide?			



Name

in

Full

## CERTIFICATE OF DEATH

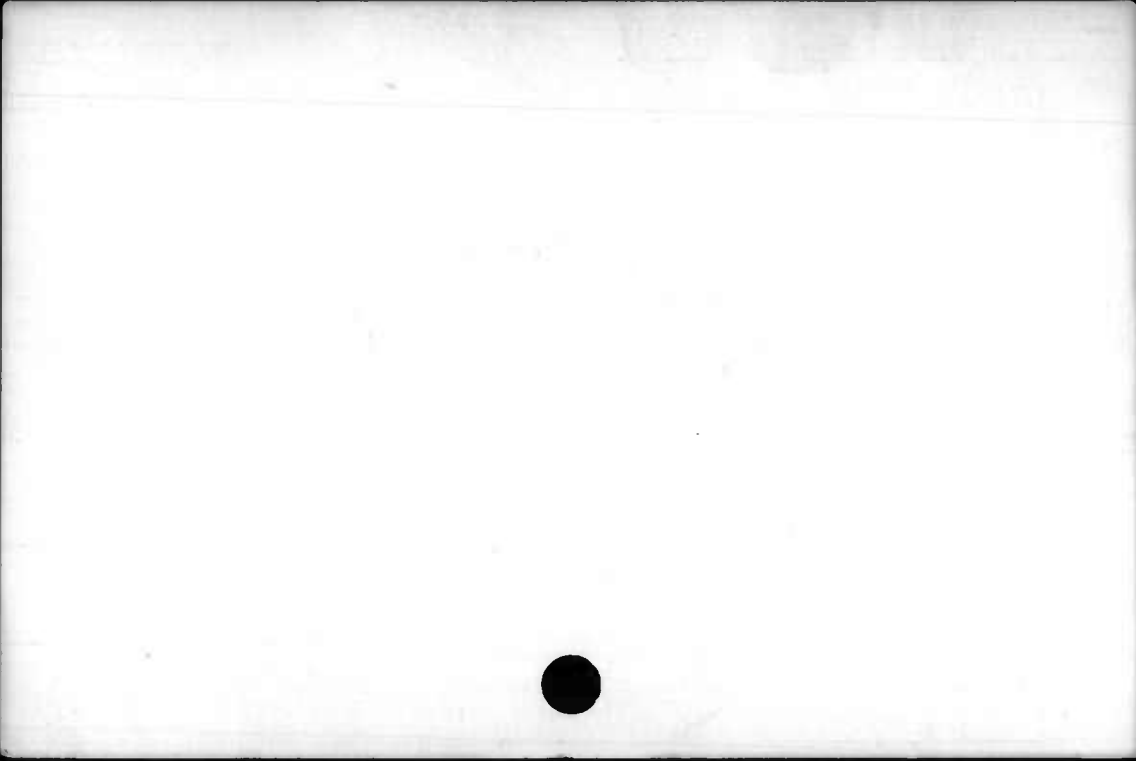
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Azarias Exline</i>		Town <i>Mar Hancock</i>		County <i>Wash</i>		MARYLAND	
Died at <i>Mar Hancock</i>		Month <i>Oct</i>		Day <i>16</i>		Age <i>77</i>	
Date of death <i>1903</i>		Month <i>Oct</i>		Day <i>16</i>		Age <i>77</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Bedford Co. Pa.</i>		Months <i>11</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Hancock Md.</i>		Birth-place <i>Bedford Co. Pa.</i>		Days <i>11</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Georgeanna Exline</i>		Father's Name <i>Solomon Exline</i>		Father's Birthplace <i>Bedford Co. Pa.</i>	
Mother's Maiden Name <i>Mary Cornell</i>		66		Mother's Birthplace <i>" " "</i>		Mother's Birthplace <i>" " "</i>	
Name of person giving Information <i>Solomon Exline</i>		66		How related to deceased <i>Son</i>		How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Paralysis</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P. Woodward</i>
	Address <i>Hancock, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Daniel Fisher

## CERTIFICATE OF DEATH

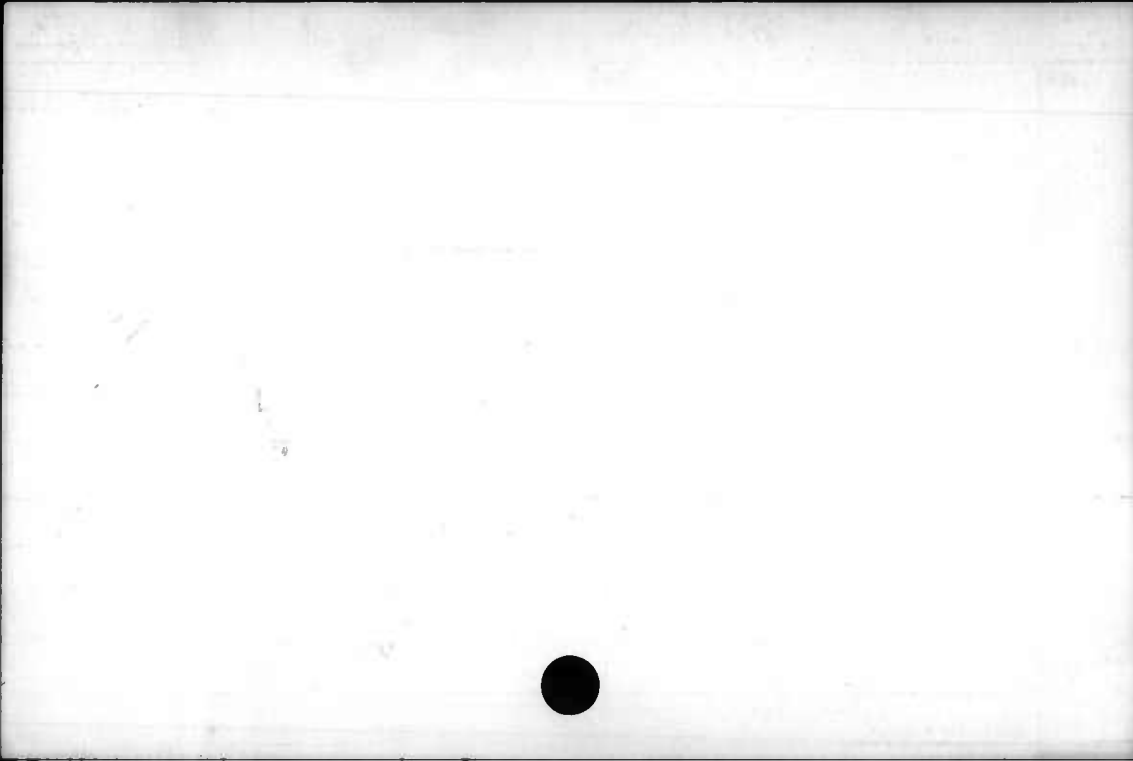
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death		1903	Month 10	Day 27	Age 57	Years —	Months 14
Sex Male		Color or Race Black		Birth- place Hagerstown			
Occupation Laborer				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		Matilda Fisher	
Father's Name		Elias Fisher		64		Father's Birthplace	
Mother's Maiden Name		Ammanda Fisher		64		Mother's Birthplace	
Name of person giving Information		Matilda Fisher		How related to deceased		Wife	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Apoplexy (Cerebral Hemorrhage)		How long	8 months.
Immediate	Exhaustion.		How long	" "
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	
			Address	
Accident or Suicide?		No	H. B. Miller Jr. 34 West Bank Line Hagerstown Md.	



Name in Full

Certificate of Death

Le-roy Sherdian Flora No 157

Died at <sup>Town</sup> Williamsport <sup>County</sup> Washington MARYLAND

Date 1903 <sup>Month</sup> Oct <sup>Day</sup> 22 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Age <sup>Occupation</sup> Eight USA

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband  
of  
Wife

Father's  
Name John B. Flora

Mother's  
Name Susan Flora

Cause of { Primary Spinal-meningitis

How long sick  
six days

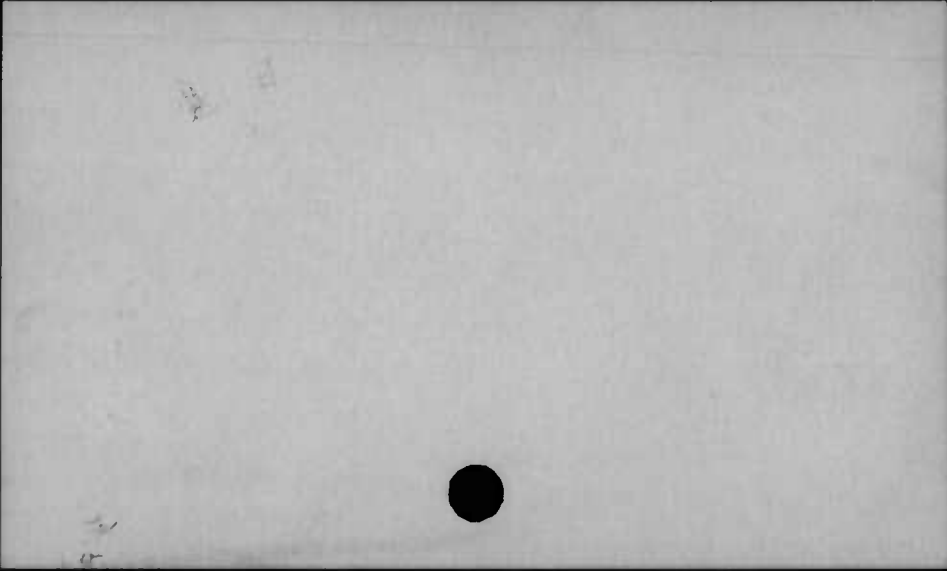
Death { Immediate Convulsions

Accident, Suicide, Homicide

Reported by Dr. D. T. Lecher

Address Williamsport Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

## CERTIFICATE OF DEATH

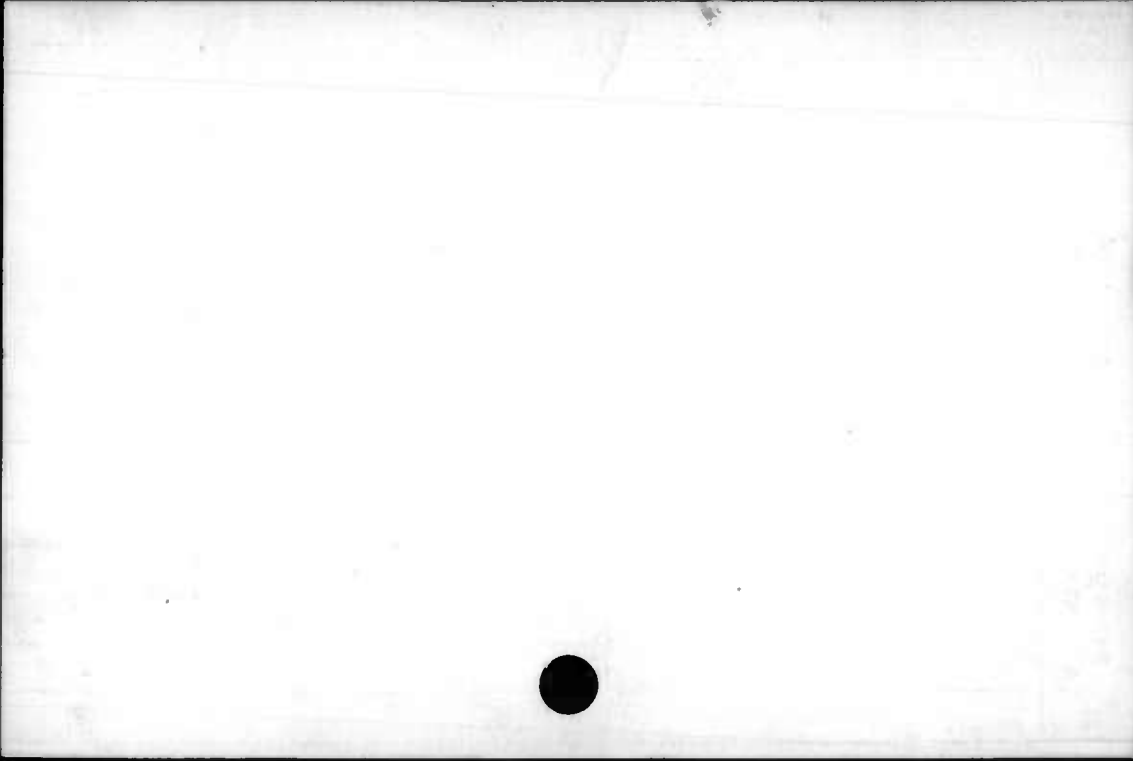
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Augustine</i> Town <i>Washington</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Oct</i>	Day <i>15</i>	Age <i>68</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>MD</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>Car builder</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Don't know</i>	95		Father's Birthplace <i>Don't know</i>
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>Don't know</i>
Name of person giving Information <i>Ferry Reed</i>			How related to deceased <i>Brother</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cedema Lung</i>	How long
Immediate <i>Pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Ym</i>	Signature of Physician <i>Wm M. Reed</i>
	Address <i>Washington</i>
Accident or Suicide?	



Name  
in  
Full

Louisa Geeshart

## CERTIFICATE OF DEATH

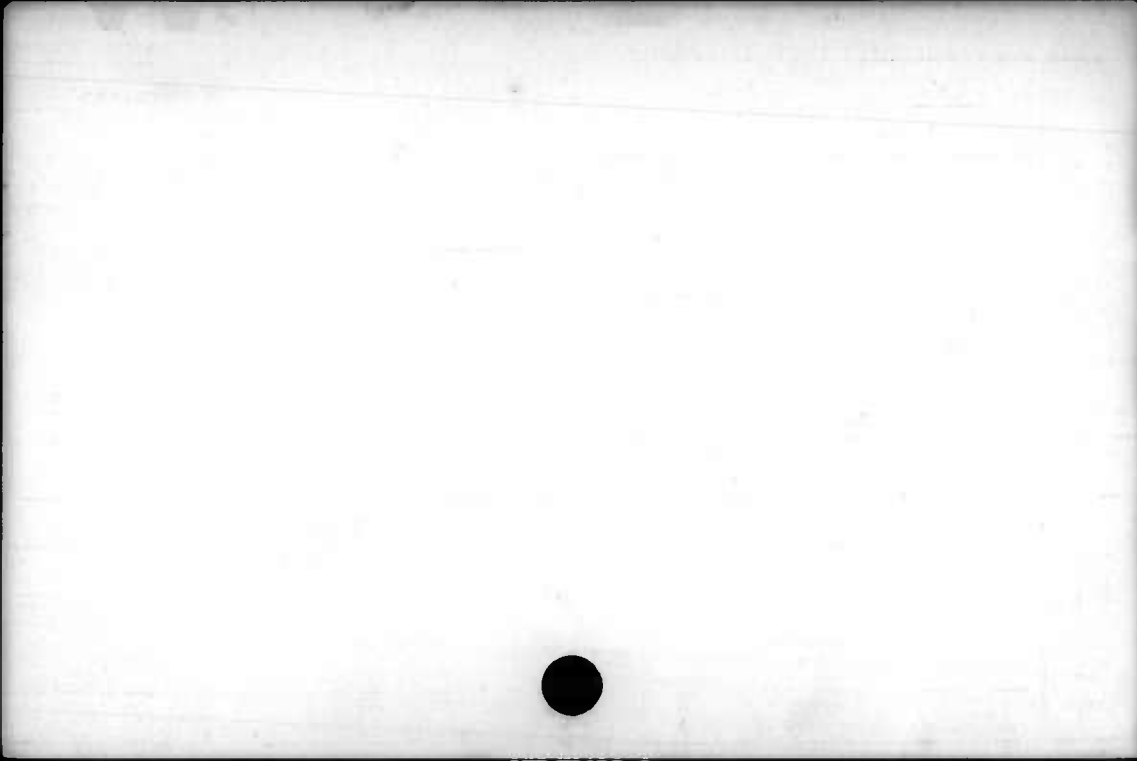
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bushtown</i>		Town <i>Franklin</i>		County <i>PA</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Oct</i>	Day <i>31</i>	Age <i>60</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Bushtown</i>				
Occupation <i>Housekeeper</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Abraham Geeshart</i>					
Father's Name <i>Henry Pensinger</i>			Father's Birthplace <i>Franklin Co</i>				
Mother's Maiden Name			Mother's Birthplace <i>Franklin Co</i>				
Name of person giving Information <i>William Pensinger</i>			How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer</i>	How long <i>8 months</i>
Immediate <i>Oedema of Lungs</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. F. Nowell</i>
	Address <i>Greencastle Pa</i>
Accident or Suicide?	



Name  
in  
Full

Mrs. Catharine Grove

## CERTIFICATE OF DEATH

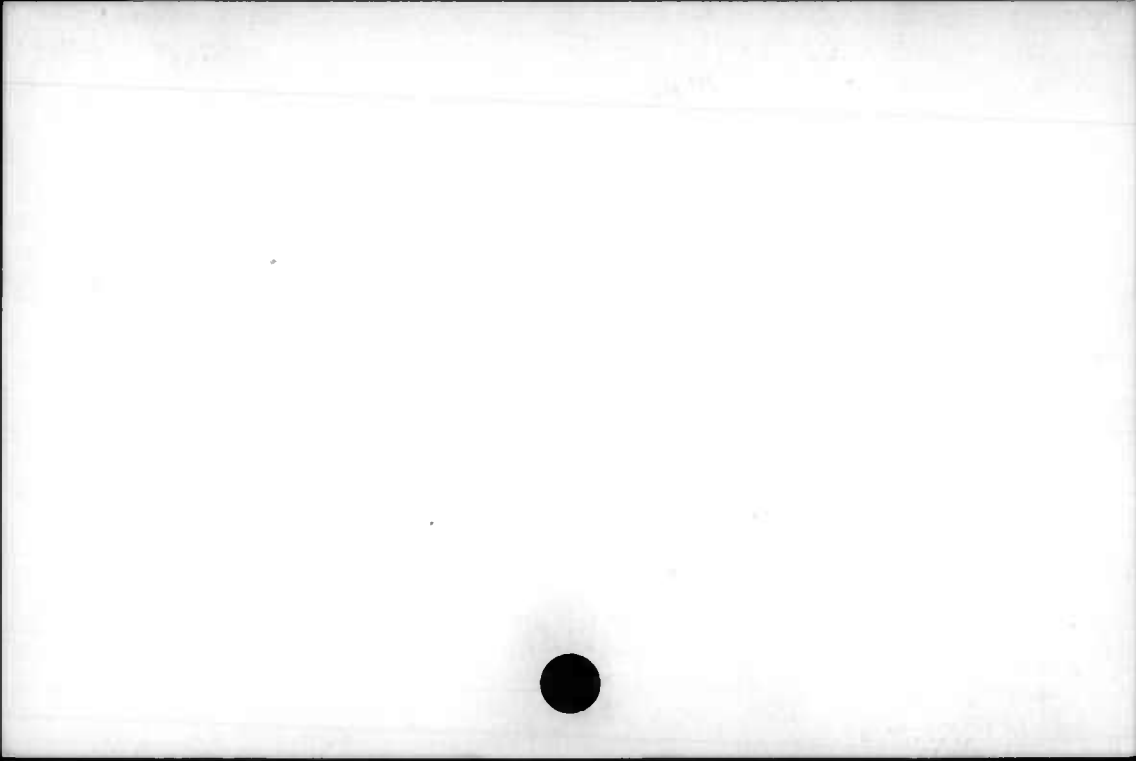
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Wash.</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1903</i>	Month	<i>Oct.</i>	Day	<i>24</i>
Age		<i>78</i>	Years	Months	Days
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>Md.</i>
Occupation	<i>H. W.</i>	Where Residing if not at place of death <i>Hagerstown, Md.</i>			
Married, Single or Widowed	<i>widow</i>	Name of Wife or Husband <i>James M. Grove</i>			
Father's Name	<i>John Peltz</i>	Father's Birthplace	<i>Md.</i>		
Mother's Maiden Name	<i>Nancy Frigley</i>	Mother's Birthplace	<i>"</i>		
Name of person giving Information	<i>James M. Grove</i>	How related to deceased	<i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>Several months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. M. Scott</i>
		Address	<i>Hagerstown Md</i>
Accident or Suicide?			



Name  
in  
Full

Martha E. Hunt

## CERTIFICATE OF DEATH

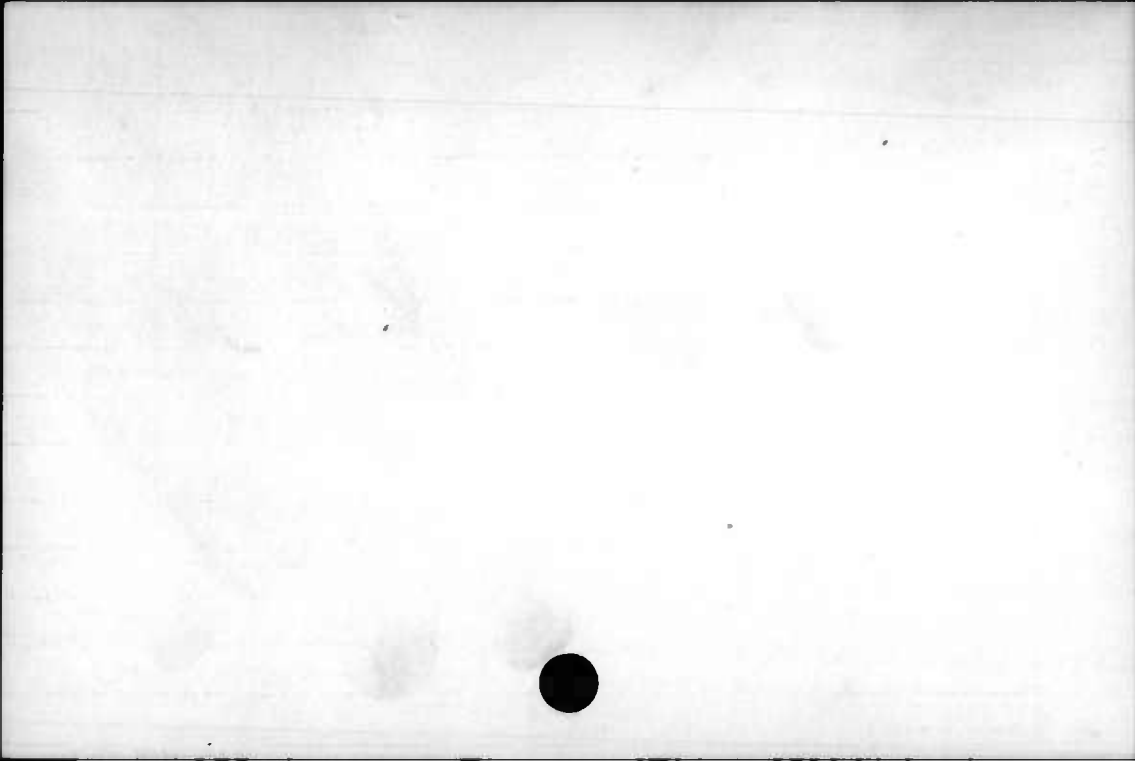
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Math</i>		County		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>10</i>	Day	<i>9</i>	Years	<i>54</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Virginia</i>		Months	<i>11</i>
Days		<i>17</i>		Occupation <i>Home Duties</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George A. Hunt</i>					
Fether's Name <i>John W. Hawkins</i>		<i>15</i>		Fether's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Mary Wiley</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>George A. Hunt</i>				How related to deceased <i>Widow</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primery	How long	<i>—</i>
Immediate <i>Suicide from Hanging</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Victor Swillen Jr.</i>	
	Address <i>Hagerstown Md.</i>	<i>2</i>
Accident or Suicide? <i>Suicide</i>		





Name  
in  
Full

Rose Anna Ideminger

## CERTIFICATE OF DEATH

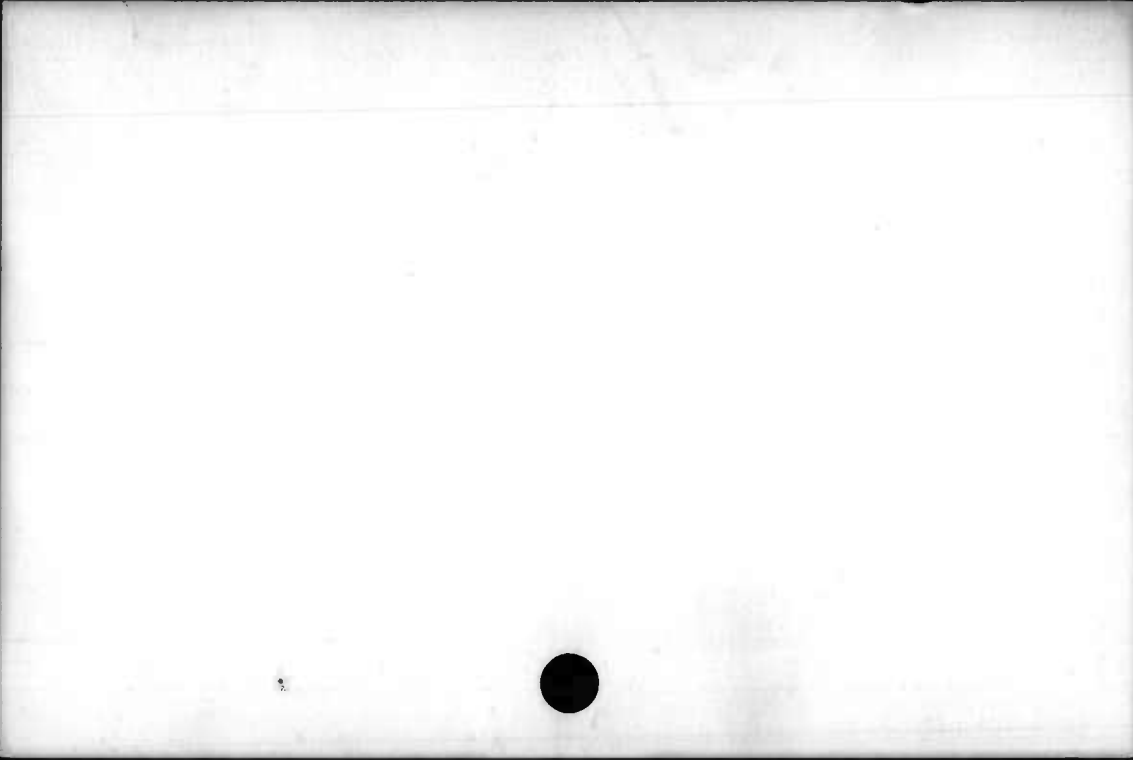
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death	1903	Month Oct	Day 5	Age Years	75	Months	11
Sex Female		Color or Race white		Birth- place		Rosedale	
Occupation Housewife		Where Residing if not at place of death Hagerstown					
Married, Single or Widowed Widow		Name of Wife or Husband Mike Ideminger					
Father's Name				Father's Birthplace			
Mother's Maiden Name Sophia Shuck				Mother's Birthplace Rosedale			
Name of person giving Information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Abdominal Sarcoma	How long
Immediate	Exhaustion, Uremia	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		



Name  
in  
Full

Albert W. Lewis

8040

## CERTIFICATE OF DEATH

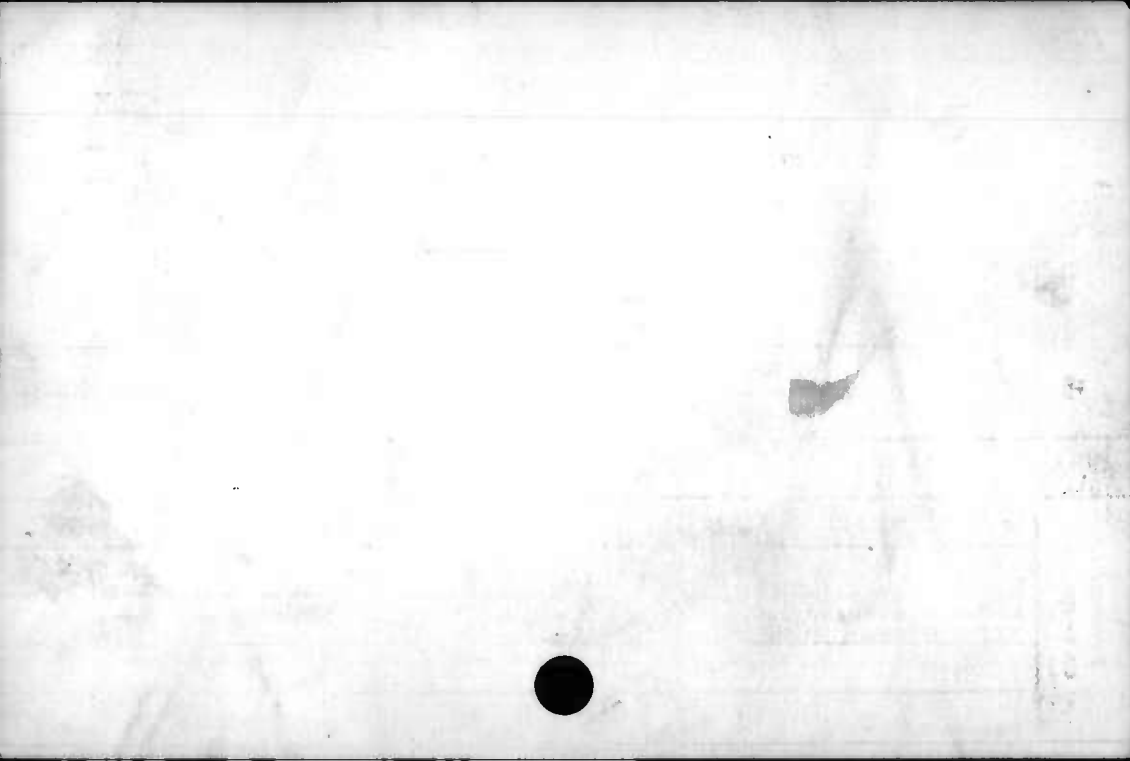
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	1903	Month	Oct.	Day	15
		Years	2	Months	1
		Days	12		
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Birth-place	<i>Hagerstown</i>				
Occupation	<i>Child</i>		Where Residing if not at place of death <i>S. Potomac St</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Benj. F. Lewis</i>		Father's Birthplace <i>Don't know</i>	
Mother's Maiden Name		<i>Annie Felt</i>		Mother's Birthplace <i>Don't know</i>	
Name of person giving Information		<i>B. F. Lewis</i>		How related to deceased <i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Diphtheria</i>		How long	<i>2 weeks</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>L. H. Grimmerman</i>	
			Address <i>Hagerstown Md</i>	
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

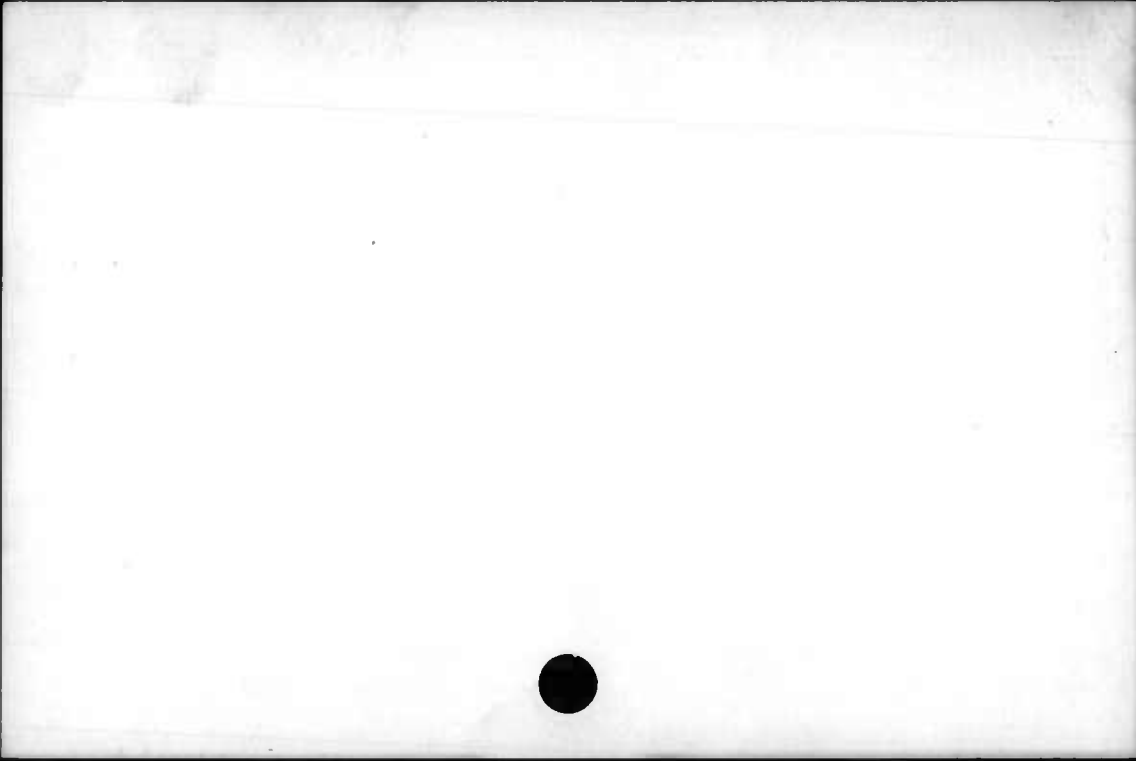
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		County		<i>Wash.</i>		MARYLAND	
Date of death	<i>1903</i>	Month	<i>Oct</i>	Day	<i>26</i>	Age	<i>68</i>	Months	<i>11</i>
Sex	<i>female</i>		Color or Race	<i>white</i>		Birth-place	<i>Md.</i>		
Occupation	<i>H. W.</i>		Where Residing if not at place of death			<i>Hagerstown Md.</i>			
Married, Single or Widowed	<i>widow</i>		Name of Wife or Husband		<i>Theo. M<sup>c</sup> Cannon</i>				
Father's Name	<i>Conrad Worley</i>					Father's Birthplace	<i>Md.</i>		
Mother's Maiden Name	<i>Rebecca Ridemour</i>					Mother's Birthplace	<i>"</i>		
Name of person giving Information	<i>Chas M<sup>c</sup> Cannon</i>					How related to deceased	<i>son.</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Endocarditis</i>	<i>79.</i>	How long
Immediate	<i>"</i>		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Wm Preston Miller</i>
		Address	<i>Hagerstown, Md.</i>
<del>Accident or Suicide?</del>			



Name  
in  
Full

No name

## CERTIFICATE OF DEATH

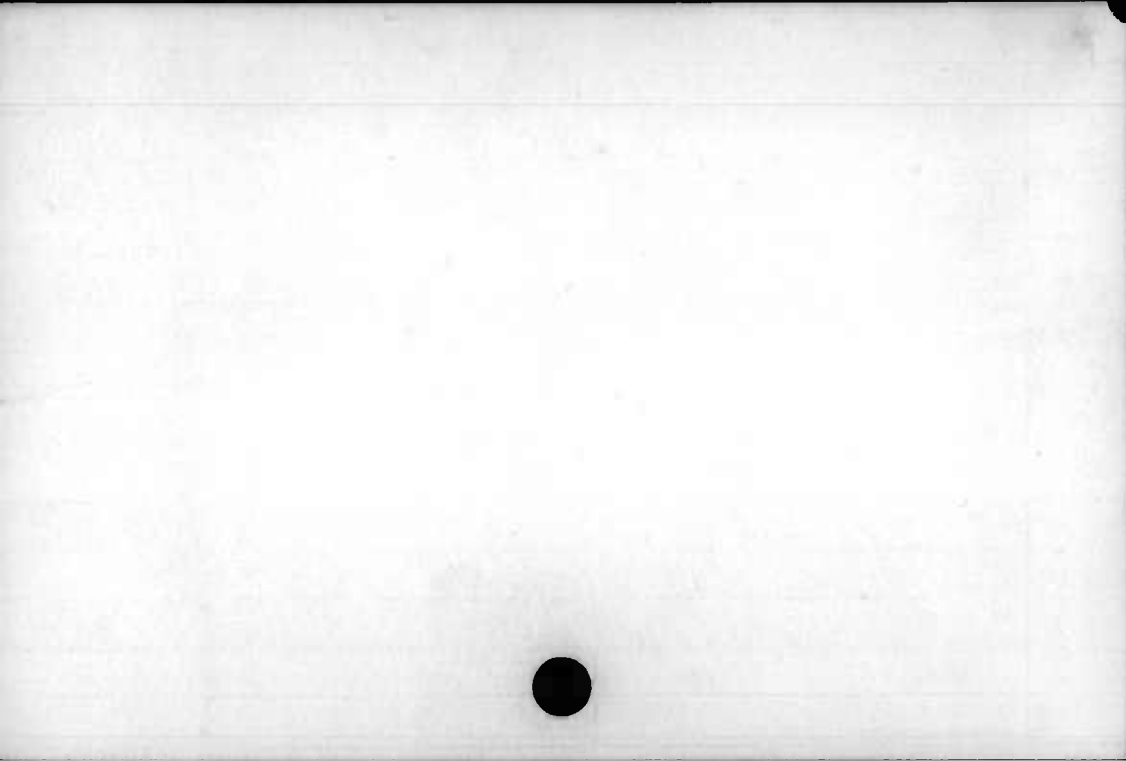
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brownstown</u> <sup>Town</sup>		<u>Wash</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Oct</u>	Day <u>11</u>	Age <u>      </u>	Years <u>      </u>	Months <u>      </u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Brownstown</u>		Days <u>2</u>
Married, Single or Widowed <u>      </u>			Occupation <u>      </u>		
Name of Wife or Husband <u>      </u>					
Father's Name <u>Frank Mary</u>			Father's Birthplace <u>Wash Co</u>		
Mother's Maiden Name <u>Victoria Hoffman</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>F. Mary</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Premature</u>	How long <u>2 days</u>
Immediate <u>Imp. Circulation &amp; Flood</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>L. P. Davis</u>
	Address <u>Brownstown</u>
Accident or Suicide? <u>      </u>	





Name  
in  
Full

## CERTIFICATE OF DEATH

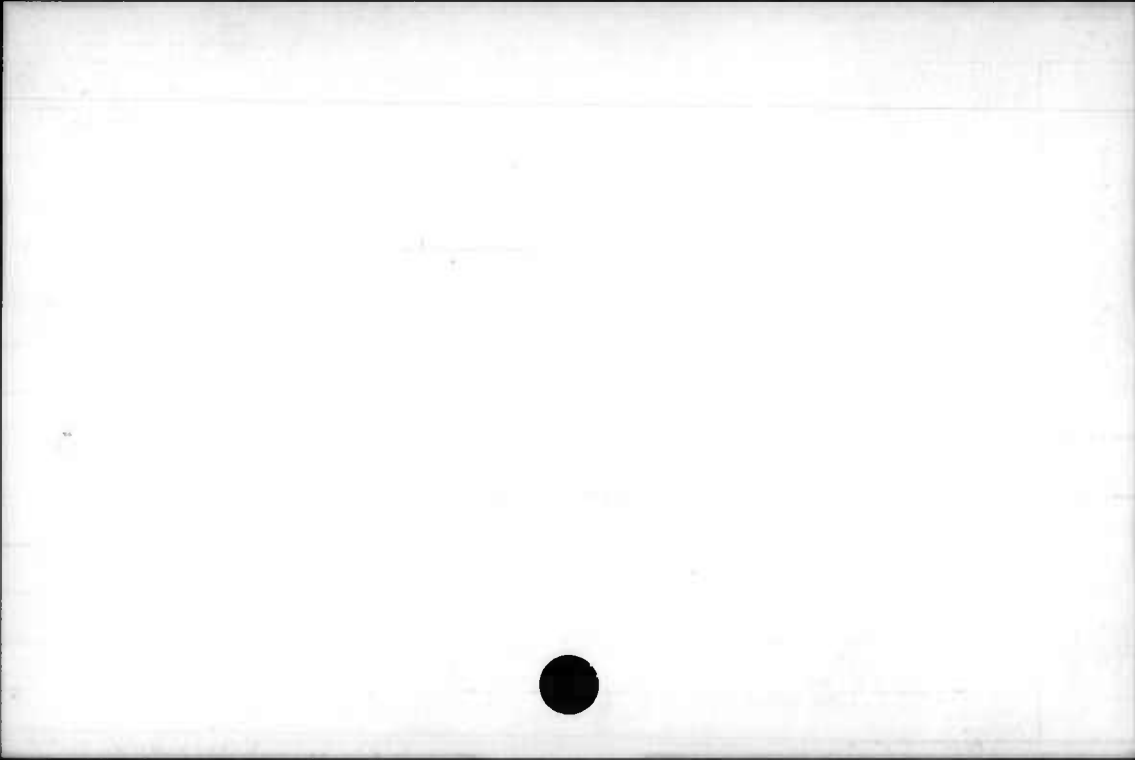
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Maurice C. Metzger</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND					
Died at <i>Hagerstown</i>		Month <i>10</i>		Day <i>27</i>		Age <i>29</i>		Months <i>8</i>		Days <i>9</i>	
Date of death <i>1903</i>		Month <i>10</i>		Day <i>27</i>		Age <i>29</i>		Months <i>8</i>		Days <i>9</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>							
Occupation <i>Clerk</i>		Where Residing if not at place of death <i>Washington State</i>									
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>									
Father's Name <i>Henry C. Metzger</i>		Father's Birthplace <i>Pa</i>									
Mother's Maiden Name <i>Lara Wiley</i>		Mother's Birthplace <i>Mo</i>									
Name of person giving Information <i>—</i>		How related to deceased <i>Mother</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>		How long <i>37 Days</i>	
Immediate <i>Heart Failure</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. E. Pilsnogle M.D.</i>	
		Address <i>Hagerstown Maryland</i>	
Accident or Suicide? <i>—</i>			



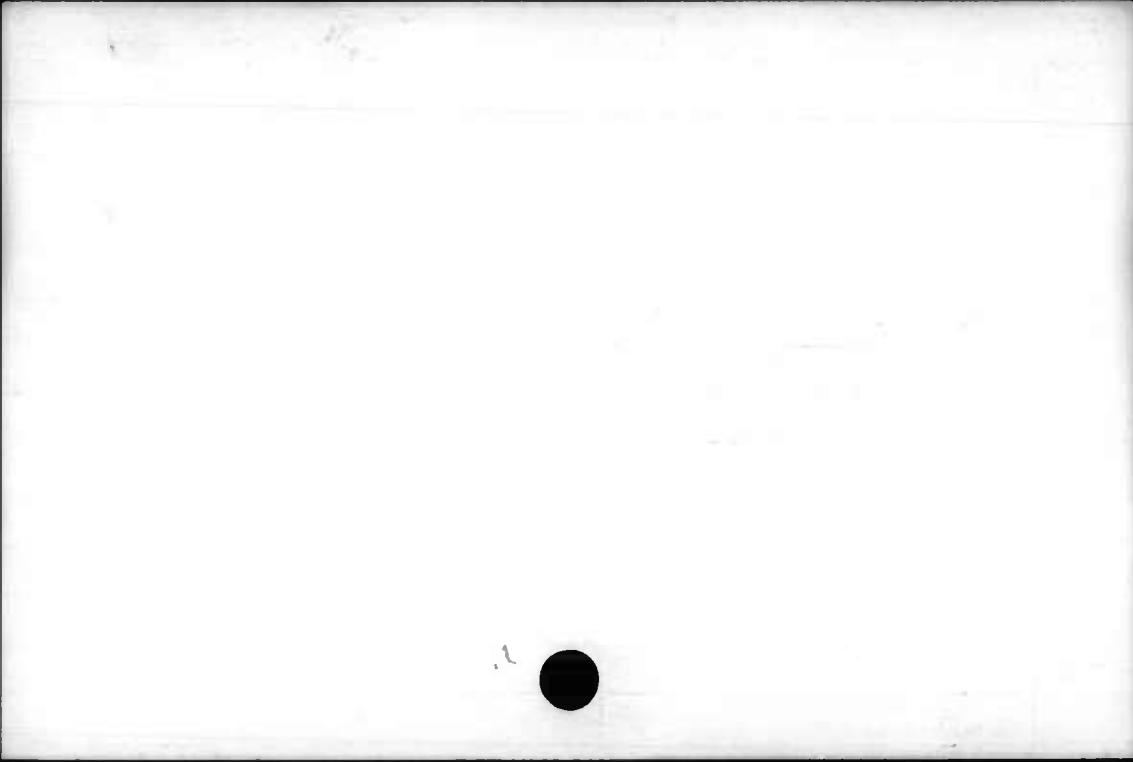
Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>J. L. Miller</i>		Town <i>Pineport</i>		County <i>Washington</i>		156 DATE OF DEATH	
Died at <i>Pineport</i>		State <i>MARYLAND</i>					
Date of death 1903	Month <i>Oct.</i>	Day <i>22</i>	Age <i>71</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>	Birth- place <i>MD</i>					
Married, Single or Widowed <i>Widower</i>		Occupation <i>Millwright</i>					
Name of Wife or Husband <i>Elza Neal</i>							
Father's Name <i>Jno. Miller</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving In formation <i>James Miller</i>				How related to deceased <i>son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mitral Insufficiency</i>	How long <i>18 mos.</i>
Immediate <i>Heart failure</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. Boase</i>
<i>J. Miller</i> <i>Undertaker</i>	Address <i>Washington, Md</i>
Accident or Suicide?	



Name  
in  
Full

Allent Mills

## CERTIFICATE OF DEATH

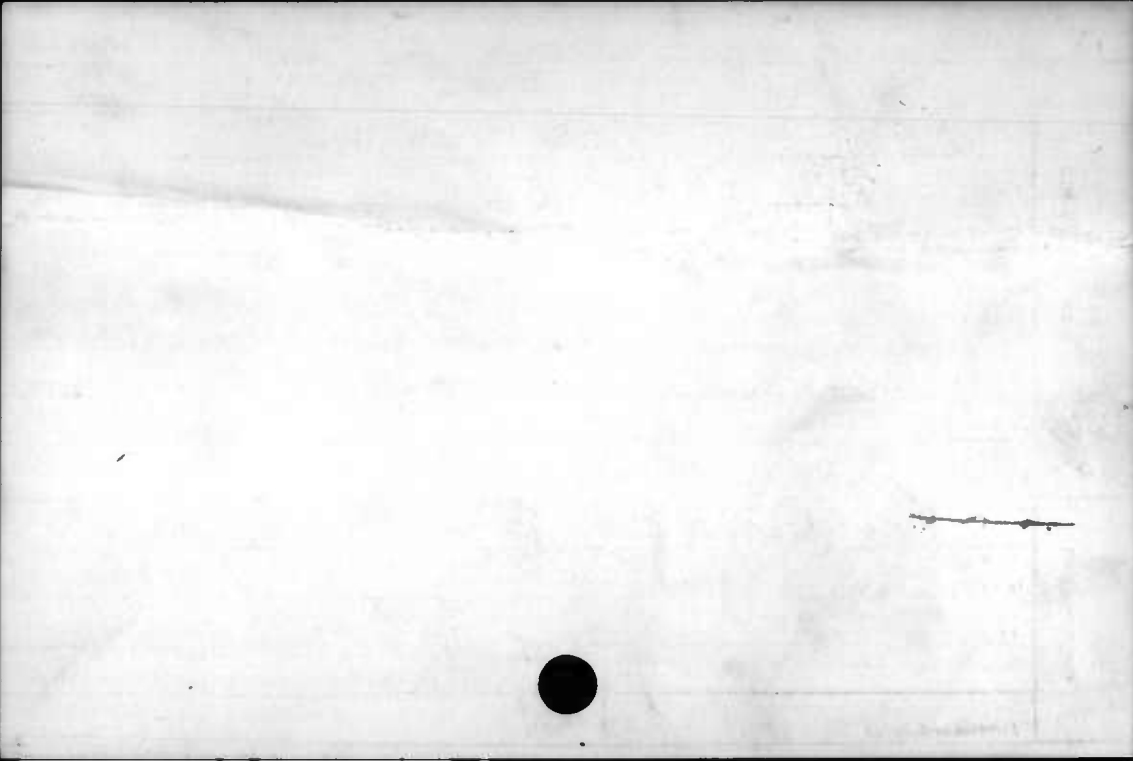
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Charlton</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>10</i>	Day <i>20</i>	Age Years	Months <i>1</i>	Days <i>26</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Charlton</i>		
Married, Single or <del>Widowed</del>			Occupation		
Name of Wife or Husband					
Father's Name <i>Levi Mills</i>			Father's Birthplace <i>Washington Co</i>		
Mother's Maiden Name <i>Mary Ann Weaver</i>			Mother's Birthplace <i>Washington Co</i>		
Name of person giving In formation <i>Levi Mills</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diarrhoea</i>	How long <i>19 days</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Abraham Shank</i>
	Address <i>Clearspring Washington Co</i>
<del>Accident or Suicide?</del>	



Name  
in  
Full

## CERTIFICATE OF DEATH

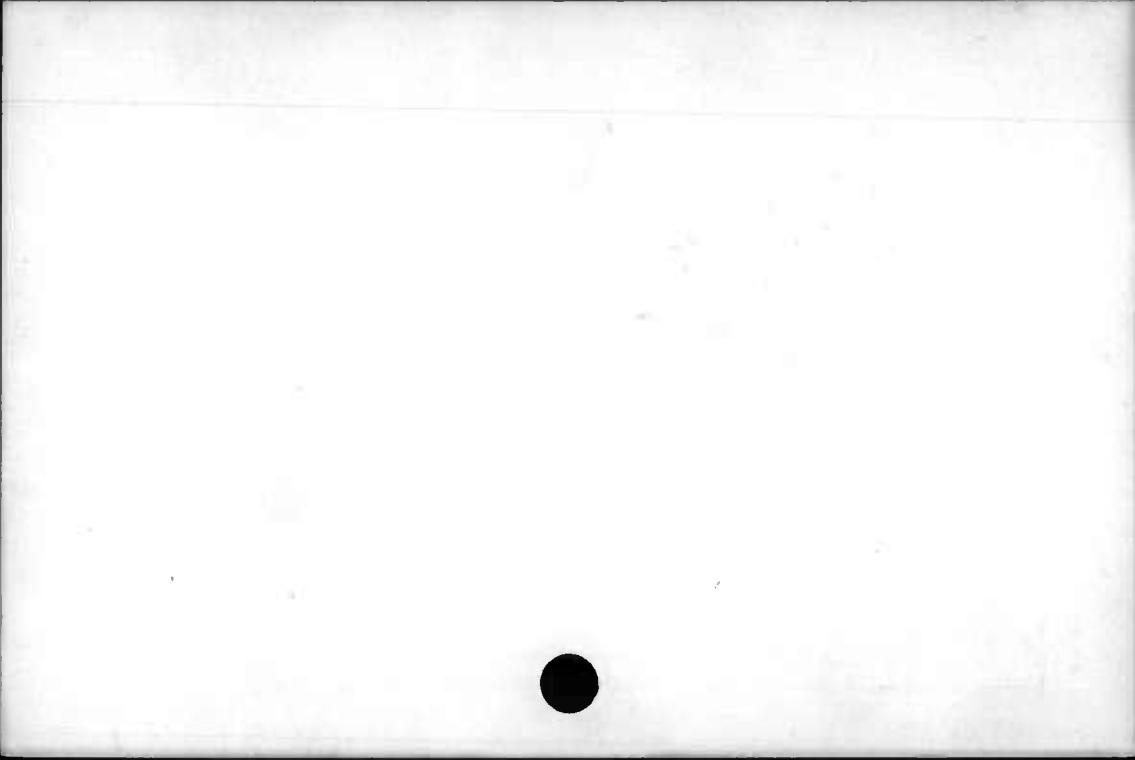
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mrs. Cissie Newton</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>Oct.</i>		Day <i>10</i>		Years <i>87</i>	
Date of death <i>1903</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>H.W.</i>		Where Residing if not at place of death <i>Hagerstown, Md.</i>					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Alfred Newton</i>					
Father's Name <i>Joseph M. Elhenny</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Elizabeth Newcomer</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Mrs. Mitchell.</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Influenza</i>	How long <i>10.</i>	How long <i>5 days</i>
Immediate <i>Bronchitis</i>		How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. E. Murray M.D.</i>	Address <i>Hagerstown Md.</i>
Accident or Suicide?		





Name  
in  
Full

*Eveline Palmer*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Millersport* Town *Washington* County

Date of death *1903* Month *October* Day *28* Age *72* Years Months *6* Days *2*

Sex *Female* Color or Race *White* Birth-place *Fairplay, Md*

Occupation \_\_\_\_\_ Where Residing if not at place of death *Mm's pt*

Married, Single or Widowed *Widowed* Name of Wife or Husband *David Palmer Doan*

Father's Name *John Long* Father's Birthplace *Wash co*

Mother's Maiden Name *Margaret Barnes* Mother's Birthplace \_\_\_\_\_

Name of person giving Information *Annie R. Snyder* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *General debility* How long *=*

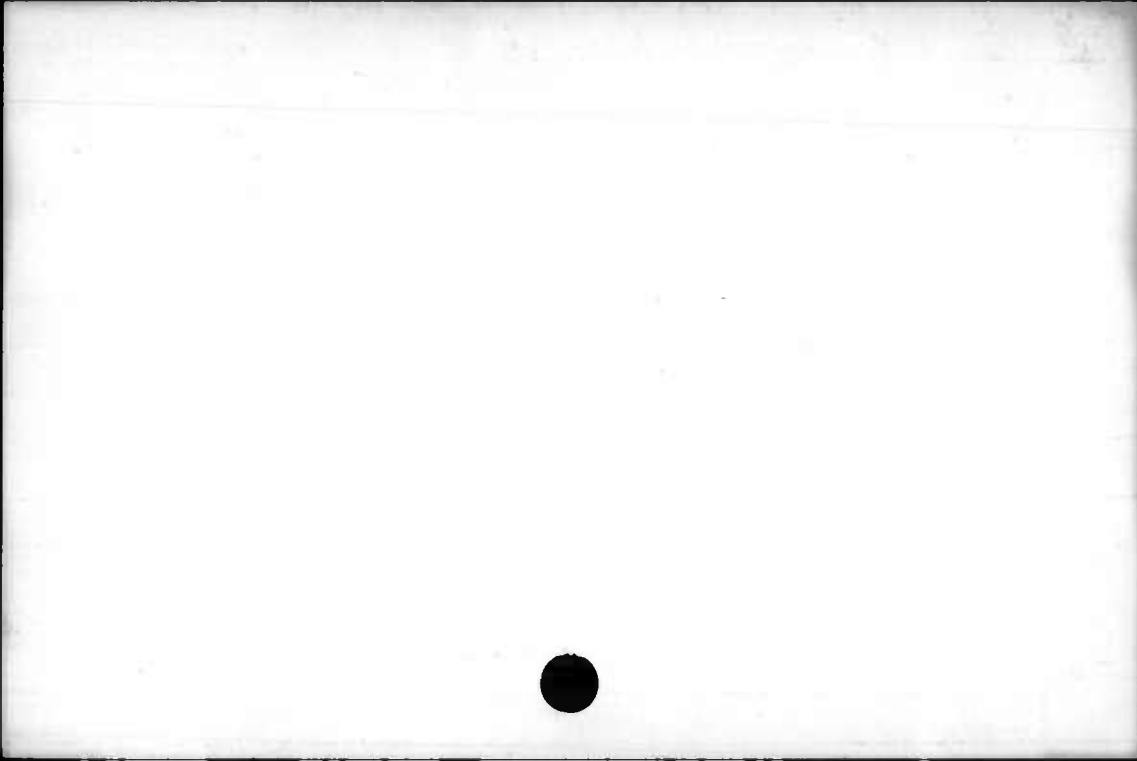
Immediate *Heart failure* How long *-*

Are the name, age, sex, color, date and place correctly given above? \_\_\_\_\_ Signature of Physician *W. S. Richmond*

Address *Millersport, Md*

Accident or Suicide? \_\_\_\_\_

PHYSICIAN  
OR CORONER



Caleb P. Buvel

Died at Clearspring <sup>Town</sup> Washington <sup>County</sup> MARYLAND

Date 1903 Oct 14 <sup>Month</sup> <sup>Day</sup> 10-20 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> Ind <sup>Native of</sup> <sup>Occupation</sup>

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

Father's Name John P. Buvel Mother's Maiden Name \_\_\_\_\_

Cause of Death { Primary Castro Enteritis Immediate Infection } How long sick 1 Week

Accident, Suicide, Homicide

Reported by J. O. Perry M.D.

Address Clearspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Harvey Powers,

## CERTIFICATE OF DEATH

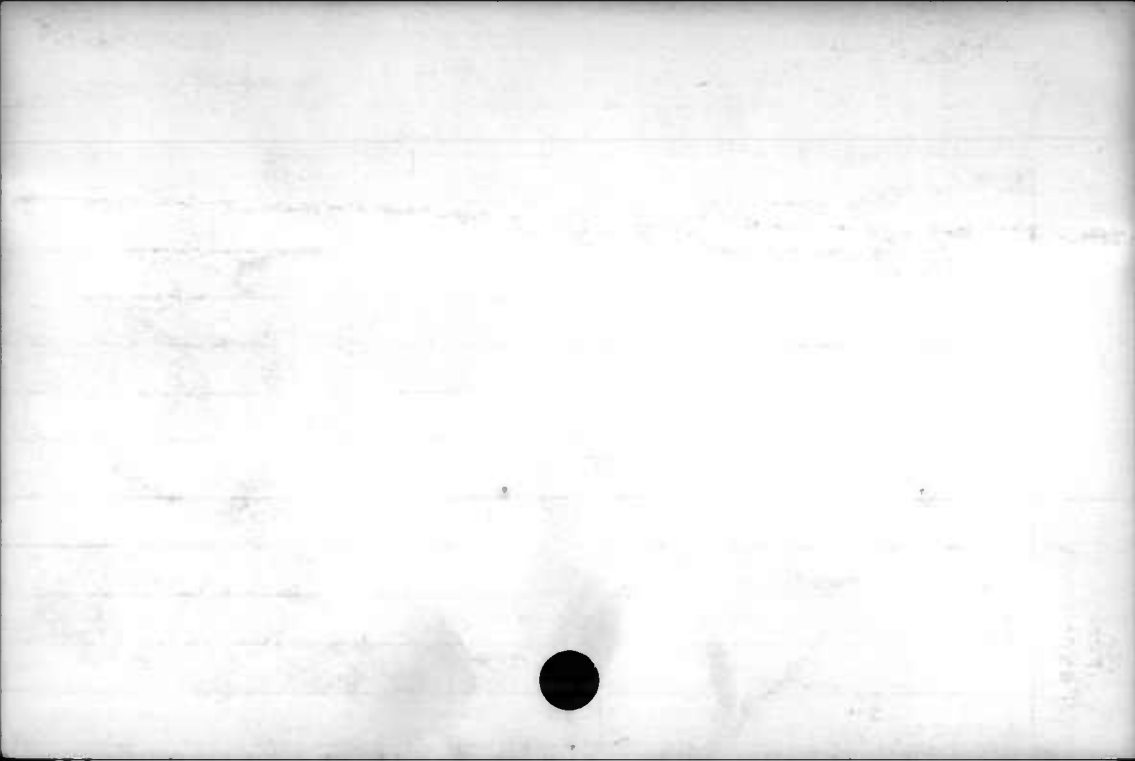
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Clearspring</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MAYLAND	
Date of death 190 <u>3</u>	<u>10</u> <sup>Month</sup>	<u>10</u> <sup>Day</sup>	<u>5</u> <sup>Years</sup>	<u>4</u> <sup>Months</sup>	<u>4</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Clearspring</u>			
<del>Married, Single</del> <del>or Widowed</del>		Occupation			
Name of Wife or Husband					
Father's Name <u>Harvey C. Powers</u>		Father's Birthplace <u>Clearspring</u>			
Mother's Maiden Name <u>Anna Hull</u>		Mother's Birthplace <u>Indian Spring</u>			
Name of person giving Information <u>Harvey C. Powers</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Premature Birth.</u>	How long
Immediate <u>Convulsions</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. H. C. Foster</u>
	Address <u>Clearspring</u>
Accident or Suicide?	



Charles H. Roney

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03-

Oct-14

Age

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Tuberculosis

How long sick

2 years

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

## CERTIFICATE OF DEATH

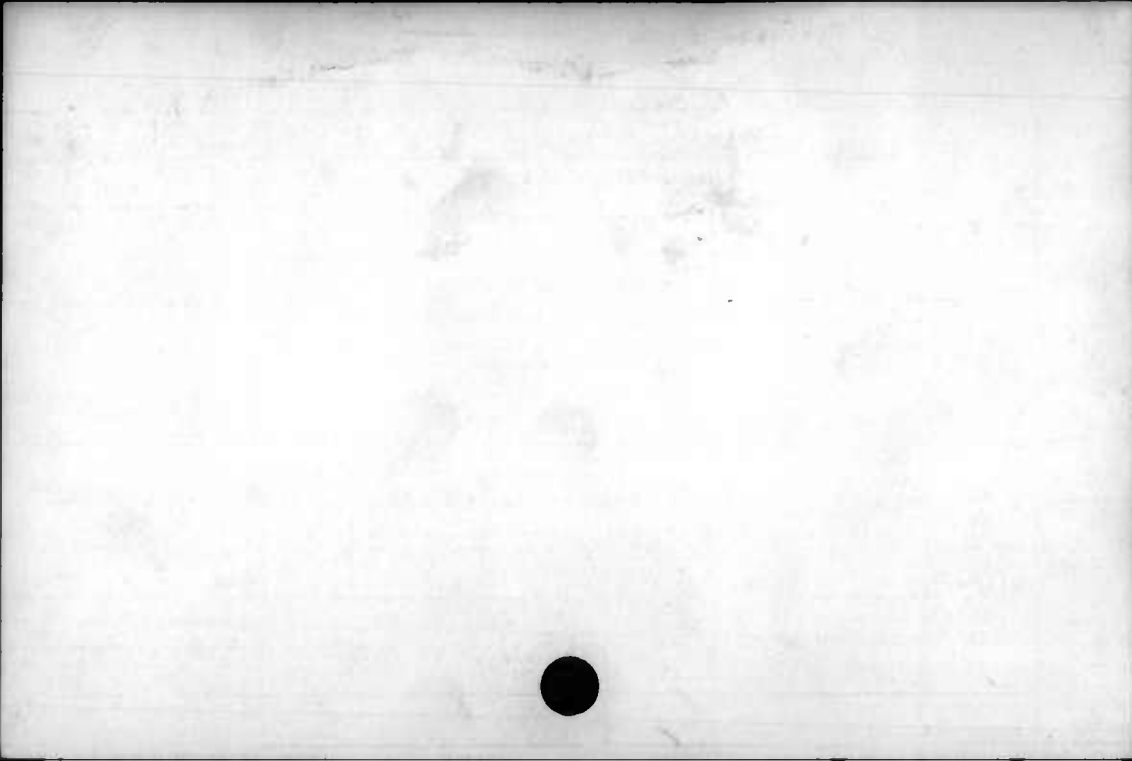
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John. M. Riely</i>		Town <i>Hancock</i>		County <i>Pratt</i>		MARYLAND	
Died at		Month <i>10</i>		Day <i>24</i>		Years <i>80</i>	
Date of death 190 <i>3</i>		Month <i>10</i>		Day <i>24</i>		Age <i>80</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place		Months <i>24</i>	
Married, Single or Widowed <i>Widower</i>		Occupation <i>Labourer</i>		Name of Wife or Husband <i>Miss Butts.</i>		Father's Name <i>not known</i>	
Mother's Maiden Name		Father's Birthplace <i>de</i>		Mother's Birthplace		How related to deceased <i>154.</i>	
Name of person giving In formation <i>She Groves</i>		Father's Name <i>not known</i>		Mother's Birthplace		How related to deceased <i>154.</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old age</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. Edward Stegins</i>	
		Address <i>Hancock Md.</i>	
Accident or Suicide?			



Name  
in  
Full

No name

## CERTIFICATE OF DEATH

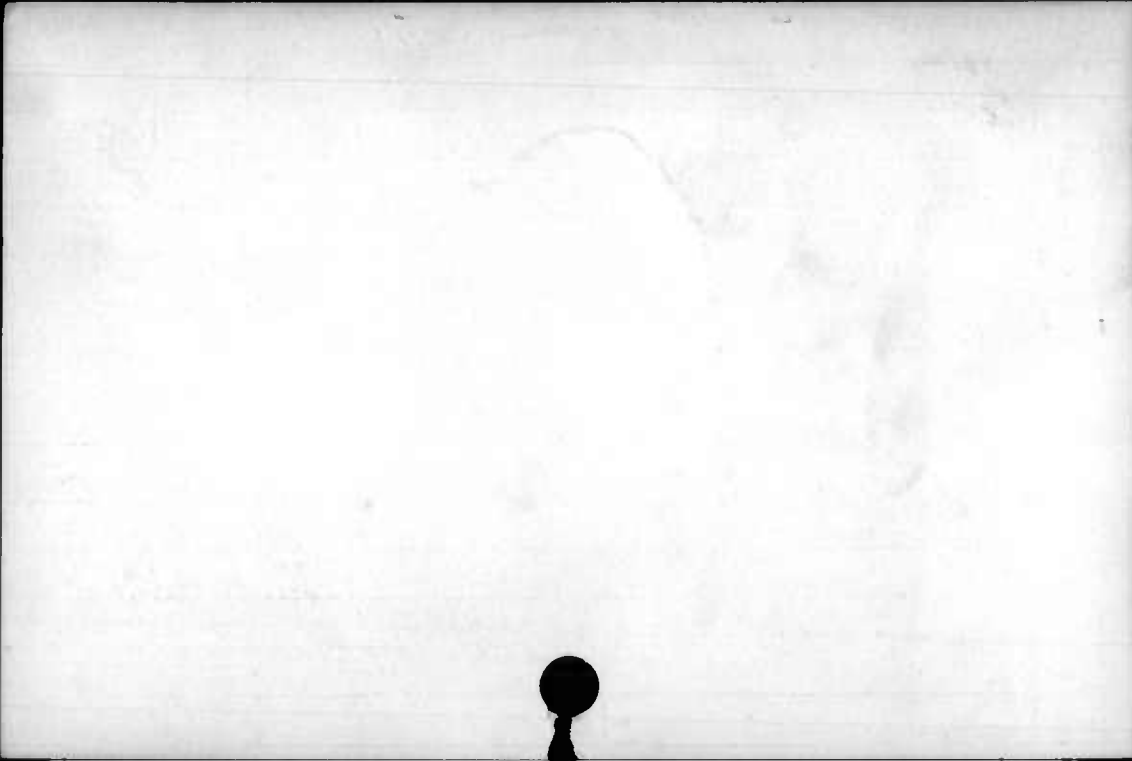
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mt. Airy</u> <sup>Town</sup>		<u>Wash</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	<u>Oct</u> <sup>Month</sup>	<u>16</u> <sup>Day</sup>	Age <u>—</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>14</u> <sup>Days</sup>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Mt. Airy</u>	
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Calvin Rouzain</u>			Father's Birthplace <u>Frederick Co</u>		
Mother's Maiden Name <u>Anna Rouzain</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Mother</u>			How related to deceased <u>mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>Since birth</u>
Immediate <u>Lup. Pul. Acute</u>	How long <u>Since birth</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>L. S. Davis</u>
	Address <u>Brownboro</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

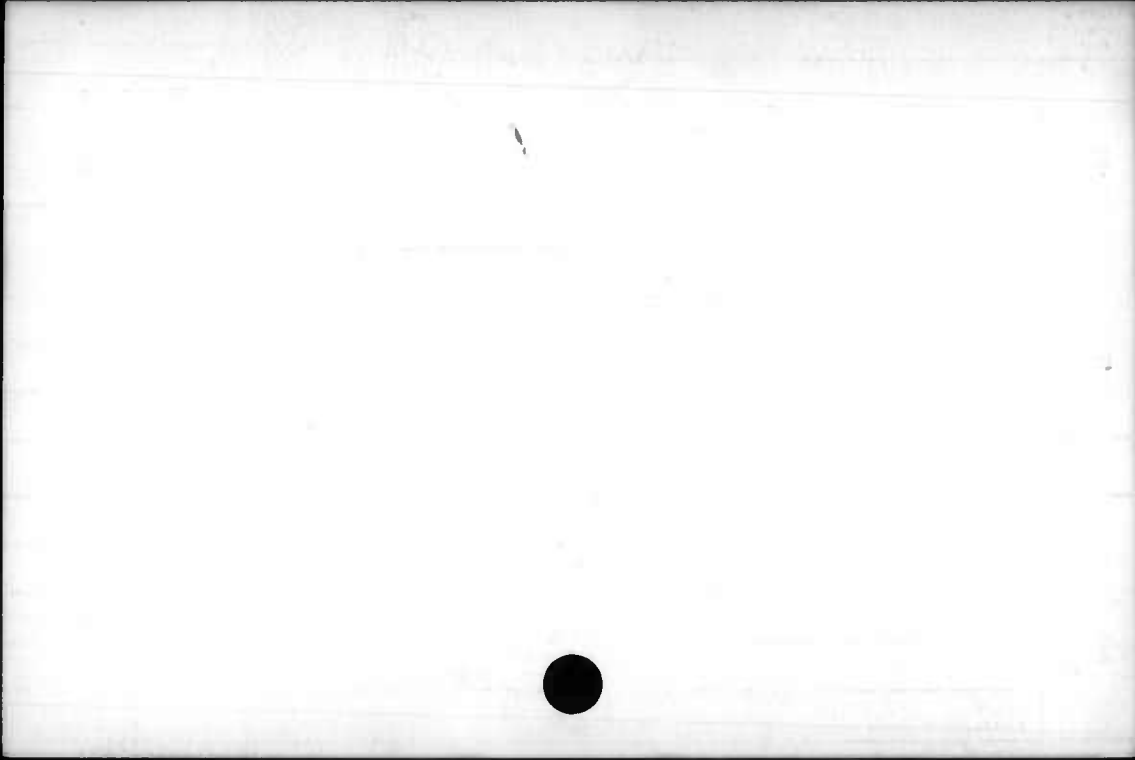
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Harold M. Saum</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>10</i>		Day <i>26</i>		Years <i>2</i>	
Date of death <i>1904</i>		Months <i>2</i>		Days <i>26</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death					
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name <i>Hugh L. Saum</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Catharine M. Conrad</i>		Mother's Birthplace <i>MD</i>					
Name of person giving Information <i>Hugh Saum</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Convulsions</i>	How long <i>24 hrs.</i>
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>CR Schuler</i>
	Address <i>Short Patuxent St</i>
Accident or Suicide?	<b>HAGERSTOWN.</b>



Name  
in  
Full

## CERTIFICATE OF DEATH

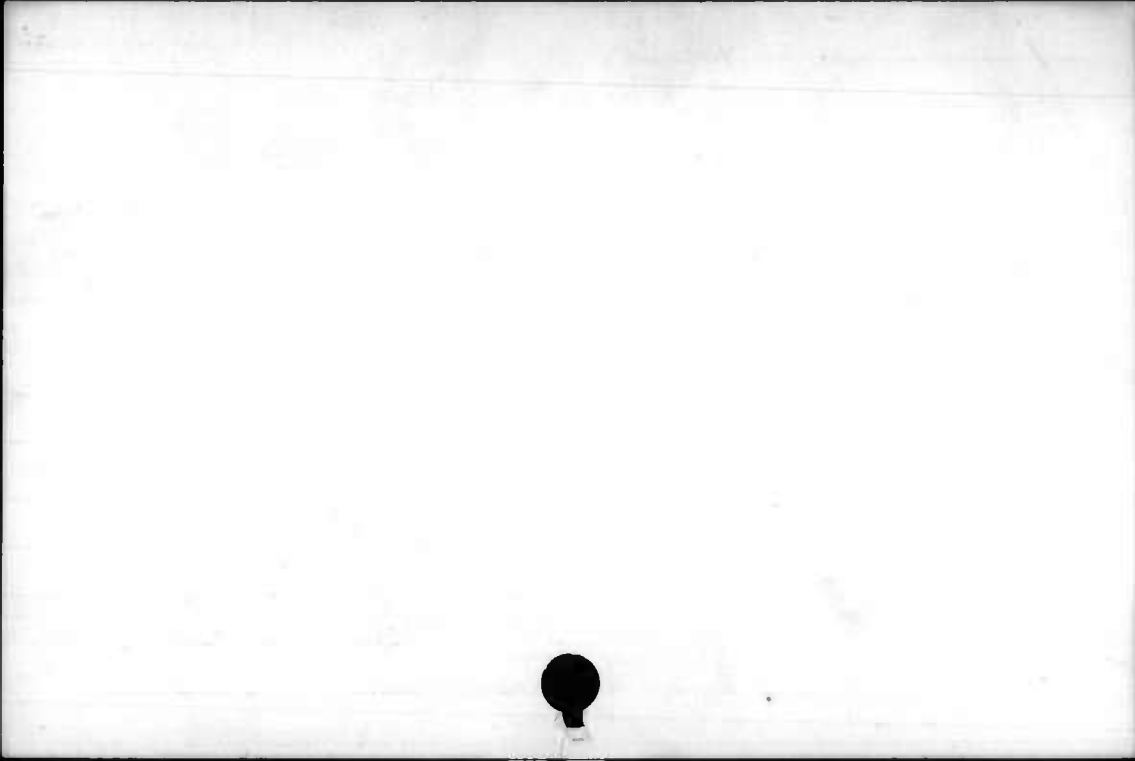
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>William Shilling</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>Oct</i>		Day <i>12</i>		Age <i>85</i>	
Date of death <i>1903</i>		Months <i>6</i>		Days <i>6</i>			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Penna.</i>			
Occupation <i>Retired Farmer</i>		Where Residing if not at place of death <i>Hagerstown Md.</i>					
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband					
Father's Name		<i>45</i>		Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information <i>Mrs Susan Stauffer</i>		How related to deceased <i>cousin</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer</i>	How long
Immediate <i>Exhaustion &amp; General Debility</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. A. Marshall</i>
	Address <i>Signers</i>
Accident or Suicide?	<i>no</i>





Name

in  
Full

## CERTIFICATE OF DEATH

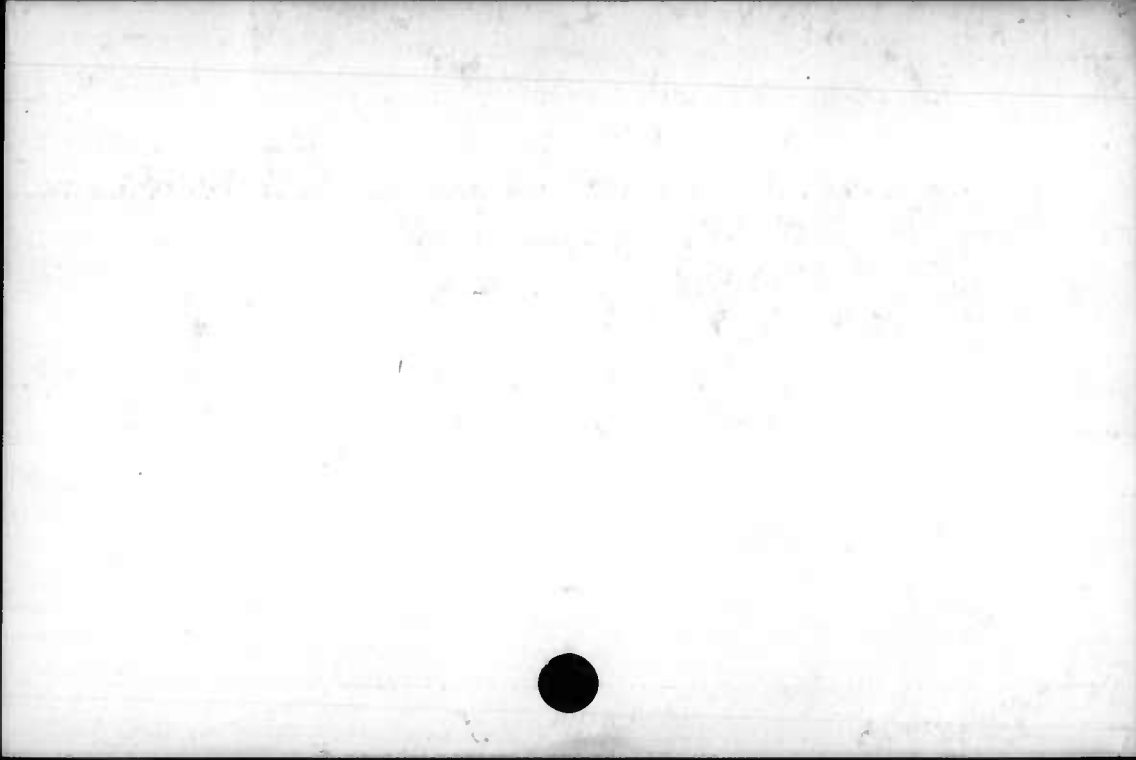
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cave town</i>		County <i>Wash.</i>		MARYLAND	
Date of death 190	3	Month	10	Day	2
Age	—		Years	Months	Still born
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Married, Single or Widowed	—		Birth-place	<i>Cave town Md.</i>	
Occupation					
Name of Wife or Husband					
Father's Name			<i>Walter Smith</i>		
Mother's Maiden Name			<i>Annie Kinde</i>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Hydrocephalus in utero</i>	How long	—
Immediate	<i>Perforation of cranium</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes.</i>		<i>John M. Stick F.O.</i>	
		Address	
		<i>Smithsburg Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Elizabeth Snively

CERTIFICATE OF DEATH

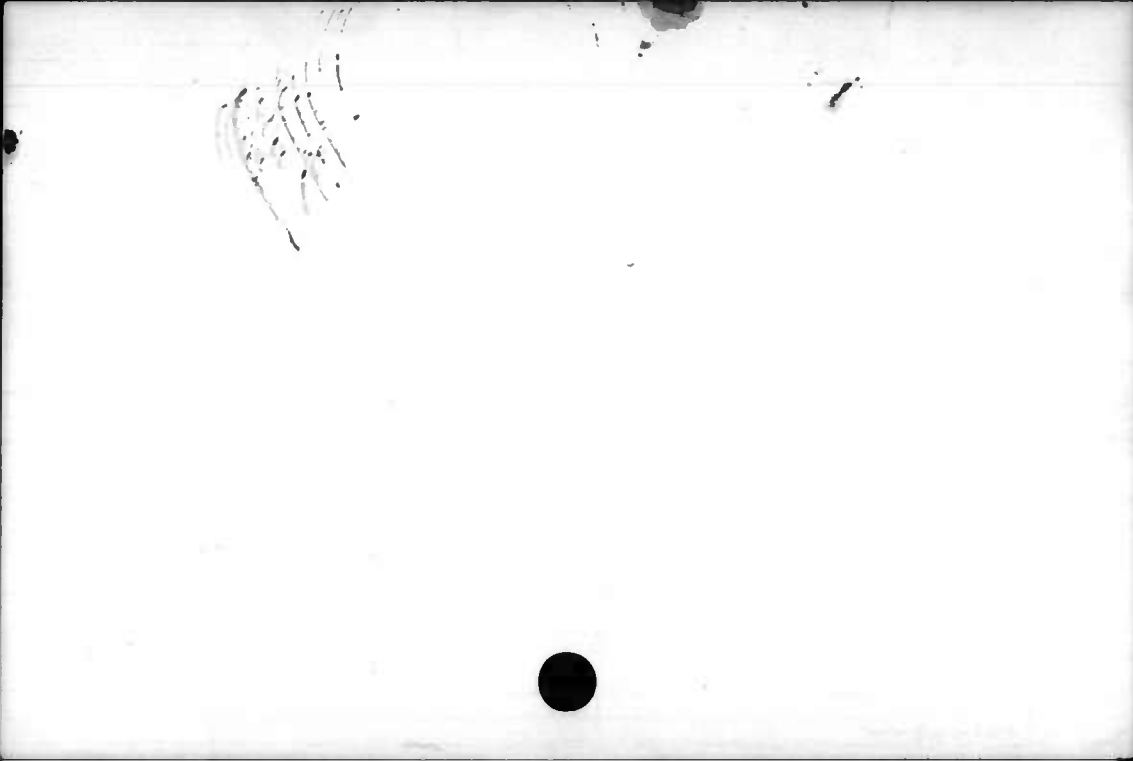
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Randysville</i> Town		<i>Washington</i> County		<i>Md</i> MARYLAND	
Date of death 190 <i>3</i>	Month <i>10</i>	Day <i>11</i>	Age <i>77</i> Years	Months <i>10</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single <input checked="" type="checkbox"/> Widowed		Occupation <i>House wife</i>			
Name of Wife or Husband <i>Washington Snively</i>					
Father's Name <i>Jacob Stubs</i>				Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Mrs. Middle Knapp</i>				Mother's Birthplace <i>Maryland</i>	
Name of person giving Information <i>David Snively</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tubercular Bronchitis</i>	How long <i>10 years</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. M. Nihiser</i>
	Address <i>Steedsyville Md</i>
<i>Accident or Suicide?</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

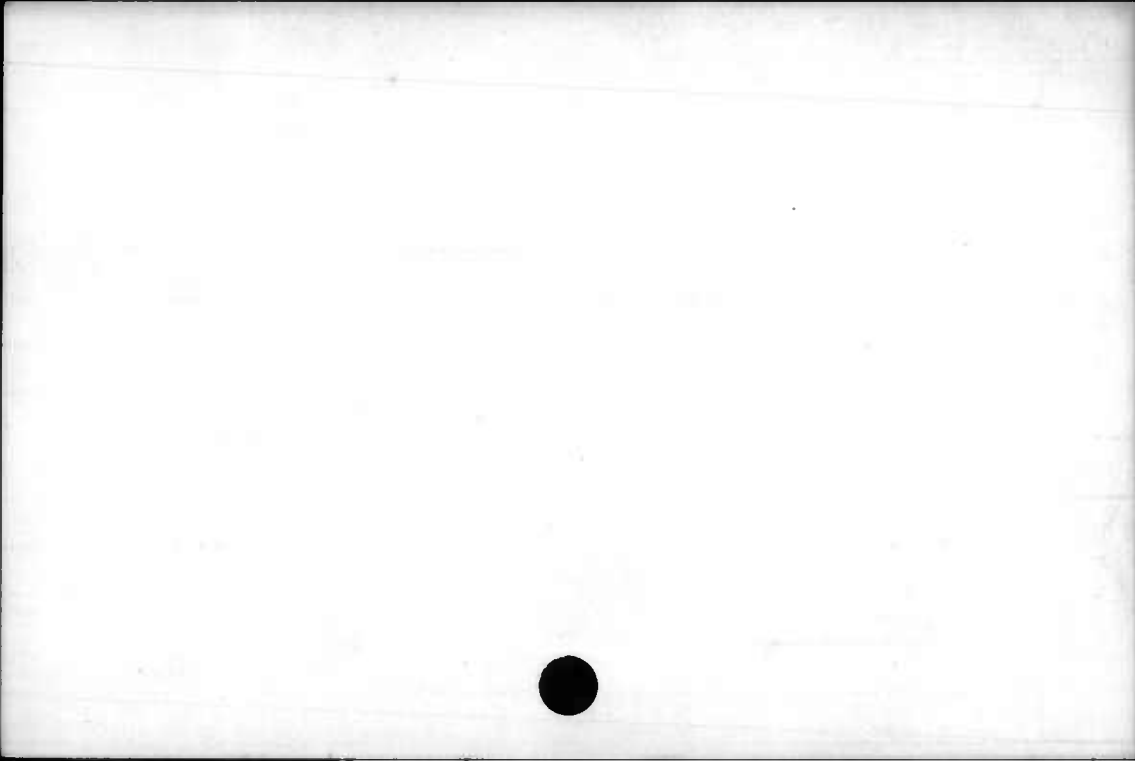
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Martin J Summers</i>		Town <i>Near Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Near Hagerstown</i>		Month <i>Oct</i>		Day <i>9</i>		Years <i>2</i>	
Date of death <i>1903</i>		Month <i>Oct</i>		Day <i>9</i>		Age <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Md</i>		Months —	
Occupation <i>Child</i>		Where Residing if not at place of death —					
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name <i>Andrew Summers</i>		Father's Birthplace <i>Md</i>		Mother's Name <i>Clara Gittinger</i>		Mother's Birthplace <i>Md</i>	
Mother's Maiden Name <i>Clara Gittinger</i>		Name of person giving Information <i>Clara Summers</i>		How related to deceased <i>Mother</i>		—	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Spinal Meningitis</i>		How long <i>2 weeks</i>	
Immediate <i>Exhaustion</i>		How long —	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. L. Warham</i>	
—		Address —	
Accident or Suicide? —			



Name  
in  
Full

## CERTIFICATE OF DEATH

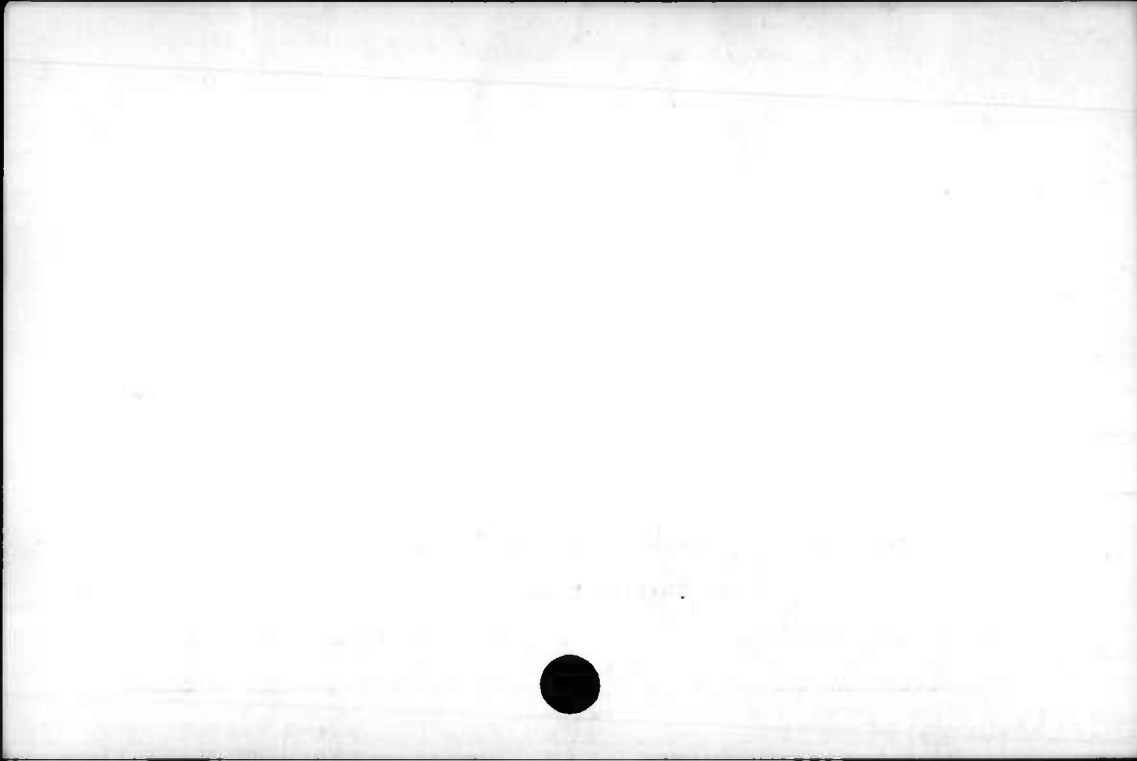
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Mary Louise Suter</b>		Town <b>Hagerstown</b>		County <b>Wash.</b>		State <b>MARYLAND</b>	
Died at <b>Hagerstown</b>		Month <b>Oct</b>		Day <b>21</b>		Age <b>27</b>	
Date of death <b>1903</b>		Months <b>8</b>		Days <b>3</b>			
Sex <b>female</b>		Color or Race <b>white</b>		Birth-place <b>Md.</b>			
Occupation		Where Residing if not at place of death <b>Hagerstown Md.</b>					
Married, Single or Widowed <b>single</b>		Name of Wife or Husband					
Father's Name <b>Charles M. Suter</b>		Father's Birthplace <b>Md.</b>					
Mother's Maiden Name <b>Laura V. Witzembacher</b>		Mother's Birthplace <b>"</b>					
Name of person giving Information <b>C. M. Suter</b>		How related to deceased <b>father</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Epilepsy</b>	How long <b>24 years</b>
Immediate <b>Exhaustion</b>	How long <b>6 weeks</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>A. S. Mason</b>
	Address <b>Hagerstown</b>
Accident or Suicide? <b>_____</b>	





Name  
in  
Full

*Enos Herold Waters*

CERTIFICATE OF DEATH

*W. Va.*  
MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>One Bank</i>		Town <i>Jefferson</i>		County	
Date of death 190 <i>3</i>	Month <i>Oct-</i>	Day <i>31</i>	Age <i>17.7</i>	Years	Months <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth place <i>Summers Manor</i>	Days <i>14</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband					
Father's Name <i>Geo Waters</i>			Father's Birthplace <i>don't know</i>		
Mother's Maiden Name <i>don't know</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information			How related to deceased <i>neighbor</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>CT</i>	How long
<i>On fire on bank running over and</i>	
Immediate <i>burned head from inside</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. J. Powell M.D.</i>
	Address <i>Jefferson</i>
	<i>W. Va.</i>
Accident or Suicide?	

Eigene Werke.  
Undersätze.